

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

JESSICA RAMSAY,

Plaintiff,

v.

**NATIONAL BOARD OF MEDICAL
EXAMINERS,**

Defendant.

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) **Civil Action No. 2:19-cv-02002-JCJ**
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DECLARATION OF CATHERINE FARMER, PSY.D.

1. My name is Catherine Farmer. I am over eighteen (18) years of age and, unless indicated otherwise, I have personal knowledge of the facts stated below.

2. I am employed by the National Board of Medical Examiners ("NBME") as Director of Disability Services. I hold a Doctor of Psychology degree.

3. The NBME is a not-for-profit organization located in Philadelphia, Pennsylvania that provides assessment services for physicians and other the health professions. Its mission is to help protect the public through state-of-the-art assessment of the knowledge and skills of health professionals.

4. Together with the Federation of State Medical Boards, the NBME sponsors the United States Medical Licensing Examination ("USMLE"), which is a standardized examination used to evaluate applicants' competence for medical licensure in the United States and its territories. The USMLE is designed to assess a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that constitute the basis of safe and effective patient care.

5. Medical licensing authorities across the country rely upon the USMLE to help evaluate the qualifications of individuals seeking an initial license to practice medicine.

6. There are three “Steps” to the USMLE, all of which must be passed before an individual with an M.D. degree is eligible to apply for an unrestricted license to practice medicine in the United States. Step 1 is a one-day, computer-based multiple-choice examination that assesses understanding and application of basic science concepts important to the practice of medicine. Step 2 has two components: Step 2 CK (Clinical Knowledge), and Step 2 CS (Clinical Skills). Step 2 CK is a one-day, computer-based multiple-choice examination that assesses the application of medical knowledge, skills, and understanding of clinical science for the provision of patient care under supervision. Step 2 CS uses standardized patients to assess an examinee’s ability to gather information from patients, perform physical examinations, and communicate his or her findings. Step 3 is a two-day, computer-based examination that assesses whether examinees can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine.

7. The USMLE is administered under standard conditions, and NBME has policies and procedures in place that are intended to ensure that no examinee or group of examinees receives an unfair advantage on the examination.

8. Examinees take the USMLE Step examinations under the same testing conditions, including standard testing time. There is an exception to this policy, however, for individuals who have documented disabilities within the meaning of the Americans with Disabilities Act (“ADA”), who demonstrate that they need reasonable accommodations to access the examination(s).

9. Testing accommodations are available on the USMLE for examinees with a disability, as defined under the ADA. All requests for accommodations are individually reviewed and, when warranted (*i.e.*, when the examinee demonstrates that he or she is disabled within the meaning of the ADA and needs reasonable accommodations to access the examination), reasonable and appropriate accommodations are provided.

10. Accommodations are denied when the submitted documentation fails to demonstrate that the examinee has a disability within the meaning of the ADA or that the requested accommodations are needed for access to the examination. NBME denies requests for extra testing time or other accommodations that have not been shown to be warranted, to help ensure that its testing program is fair for all examinees and to protect the reliability of USMLE scores.

11. NBME often seeks input from independent professionals with expertise in the relevant disability when evaluating an accommodation request. When it does so, NBME asks the external professional to review all the supporting documentation submitted by the examinee and provide a written report on whether the documentation demonstrates the presence of a physical or mental impairment (as identified by the examinee); if so, whether the impairment substantially limits the examinee's ability to perform one or more major life activities that are relevant to taking the USMLE; and, if so, to make a recommendation on whether the requested accommodations are appropriate.

12. On December 12, 2016, NBME received a request from Jessica Ramsay for testing accommodations on Step 1 and Step CK of the USMLE. She requested accommodations based on diagnoses of Attention-Deficit/Hyperactivity Disorder (ADHD) and dyslexia and sought 100% additional test time (double time) over two days on both tests; a separate,

distraction-free exam space; [extra] laminated paper; colored, dry-erase markers in addition to black; and the ability to drink water and eat a snack with medications during the test. Her application informed NBME that she took the ACT and/or SAT and the Medical College Admission Test (MCAT) without accommodations. She also informed NBME that her medical school -- Western Michigan University Homer Stryker M.D. School of Medicine -- allowed her to take medical school exams with accommodations, including exams that NBME prepared for use by medical schools. Ms. Ramsay's medical school, not NBME, determined whether Ms. Ramsay would be allowed to test with accommodations on these examinations. Ms. Ramsay also reported receiving accommodations in college at The Ohio State University (between 2009 and 2013). She reported that she did not receive any accommodations in high school or middle school and received accommodations in elementary school only during the 1996-1997 school year. A true and correct copy of Ms. Ramsay's 2016 request form for Step 1 and Step 2 CK is attached at **Exhibit A**.

13. Ms. Ramsay provided a personal statement in support of her 2016 accommodation request. A true and correct copy of this personal statement is attached at **Exhibit B**.

14. Ms. Ramsay provided a copy of a Scholastic Record from St. Joseph High School with her 2016 accommodation request. A true and correct copy of this transcript is attached at **Exhibit C**.

15. Ms. Ramsay provided a copy of what appears to be an unofficial transcript from The Ohio State University with her 2016 accommodation request. A true and correct copy of this transcript is attached at **Exhibit D**.

16. In response to a request from NBME, Ms. Ramsay provided a copy of an MCAT Score Report for the MCAT examination she took on April 9, 2011 without accommodations,

which NBME reviewed as part of her 2016 accommodation request. A true and correct copy of this MCAT Score Report is attached at **Exhibit E**.

17. Ms. Ramsay provided a March 24, 2009 “Office Visit” medical record from Alan Smiy, M.D., in support of her 2016 accommodation request. A true and correct copy of this document is attached at **Exhibit F**.

18. Ms. Ramsay provided an ADD/ADHD Verification Form for The Ohio State University apparently filled out by Dr. Smiy in support of her 2016 accommodation request. A true and correct copy of this document is attached at **Exhibit G**.

19. Ms. Ramsay provided a September 22, 2014 evaluation report and September 2, 2016 Addendum to this report from Charles Livingston, M.A., in support of her 2016 accommodation request. She also provided, at NBME’s request, a two-page score summary from Mr. Livingston. True and correct copies of these documents are attached at **Exhibit H**.

20. Ms. Ramsay included other materials in support of her 2016 accommodation request.

21. NBME thoroughly reviewed all documents submitted by Ms. Ramsay in support of her request for test accommodations. It also provided Ms. Ramsay’s file to an external expert reviewer, Steven G. Zecker, Ph.D., for review and recommendation. After discussing the documentation in the file, Dr. Zecker wrote in his report, “Given my conclusions, which in my professional opinion do not indicate that Ms. Ramsay is substantially limited in functioning in a manner that warrants accommodations, I recommend that you deny her request for USMLE Step 1 and Step 2-CK accommodations.”

22. Following its review of Ms. Ramsay’s request, and based on Dr. Zecker’s recommendations and an independent review of the file by Michelle Goldberg, Ph.D., the

Manager of Disability Services at that time, NBME concluded that Ms. Ramsay's documentation did not demonstrate a substantial limitation in her ability to perform any major life activity as compared to most people in the general population, or that her requested accommodations were needed to take Step 1 and Step 2 CK in an accessible manner. NBME therefore denied Ms. Ramsay's request for accommodations. A true and correct copy of the March 10, 2017 letter from Michelle Goldberg, Ph.D., Manager, Disability Services, to Ms. Ramsay in response to her December 12, 2016 accommodation request is attached at **Exhibit I**.

23. On July 20, 2017, Ms. Ramsay took Step 1 without accommodations, and did not pass. With a score of 191, Ms. Ramsay was 1 point below the minimum passing score of 192. Her score was reported on August 9, 2017.

24. On June 7, 2018, NBME received a new request from Ms. Ramsay for testing accommodations on USMLE Step 1. Ms. Ramsay sought 100% additional testing time (double time) over two days, a private testing room, and additional break time. Her request was based on a 2017 diagnosis of learning disabilities of reading and writing (with abnormal scanning and processing speed); a 2009 diagnosis of ADHD, combined type; a 1997 diagnosis of migraines with aura; and a 2016 diagnosis of a clotting disorder with deep-vein thrombosis and post-thrombotic syndrome. A true and correct copy of Ms. Ramsay's June 2018 accommodation request form for Step 1 is attached at **Exhibit J**.

25. Ms. Ramsay submitted a new personal statement in support of this request. A true and correct copy of her 2018 personal statement is attached at **Exhibit K**.

26. Ms. Ramsay submitted an October 25, 2017 neurocognitive consultation report and a December 7, 2017 neurocognitive examination report from Alan Lewandowski, Ph.D., in support of her June 2018 accommodation request. In response to a request from NBME, Ms.

Ramsay also provided a June 20, 2018 raw data addendum from Dr. Lewandowski. True and correct copies of these documents are attached at **Exhibit L**.

27. Ms. Ramsay submitted other documents in support of her June 2018 request, including a letter from her lawyer, Mr. Berger. She did not include all the documents that she submitted in support of her 2016 accommodation request, but it is NBME's practice to consider a candidate's entire file, including any documents submitted in support of an earlier testing accommodation request, in reviewing any request for testing accommodations.

28. NBME thoroughly reviewed all documents submitted in support of Ms. Ramsay's 2018 request for test accommodations. It also provided Ms. Ramsay's entire file, included the new documents, to Dr. Zecker for review and recommendation. Dr. Zecker's review was limited to Ms. Ramsay's diagnoses of ADHD and specific learning disabilities. After discussing the documentation in the file, Dr. Zecker wrote in his report, "To summarize, my review of the documentation [Ms. Ramsay] has submitted indicates that in my professional opinion she does not have a disability that according to the ADA qualifies her for the accommodations she has requested on the Step 1 examination."

29. Following its review of Ms. Ramsay's request, and based on Dr. Zecker's recommendations and my independent review of the file, NBME concluded that Ms. Ramsay's documentation did not demonstrate that she is substantially limited in her ability to perform any major life activity as compared to most people or that 100% additional testing time was an appropriate modification of her USMLE Step 1 test administration. NBME therefore denied Ms. Ramsay's request for extra testing time. NBME did, however, approve Ms. Ramsay's requests for additional break time, testing over two days, and a separate testing room in which she may stand, walk or stretch during the exam in order to address the issues related to migraine headache

and DVT described in a May 29, 2018 letter from Jennifer N. Houtman, M.D. Because Ms. Ramsey would be testing in a separate testing room and she reported that she usually reads text aloud, she was granted permission to read aloud as a courtesy. A true and correct copy of my September 11, 2018 letter to Ms. Ramsay in response to her June 2018 accommodation request is attached at **Exhibit M**.

30. Ms. Ramsay submitted a request for reconsideration of the denial of her request for 100% additional time on the Step 1 exam through a letter from her lawyer, Lawrence Berger, on December 12, 2018. Ms. Ramsay again provided additional documents, including a new diagnostic evaluation from Dr. Robert Smith. It is my understanding that a copy of the report from Dr. Smith has been provided as an exhibit to Ms. Ramsay's court papers, so a copy is not attached here.

31. NBME again carefully reviewed Ms. Ramsay's request and all documents submitted in support of her request for reconsideration. It also provided Ms. Ramsay's file to an additional external expert, Benjamin Lovett, Ph.D., for review and recommendation. Dr. Lovett's review was limited to Ms. Ramsay's diagnoses of ADHD and specific learning disabilities. After discussing the documentation in the file, Dr. Lovett's report summarized Ms. Ramsay's documentation regarding learning disabilities and ADHD as follows: "(a) there is no objective evidence of poor academic skills or significant ADHD symptoms and impairment in real-world settings where most people in the general population are expected to do well, (b) Ms. Ramsay and her advocates attempt to explain away her good real-world performance using unpersuasive arguments, (c) the data from her 2018 diagnostic evaluation are not credible, (d) her 2017 and 2014 diagnostic evaluations did not involve the collection of sufficient data to justify any diagnoses, and (e) her ACT and MCAT performance suggests an ability to access

tests without accommodations, at least based on neurodevelopmental disorders such as ADHD and learning disabilities which would have been present by the time that those tests were taken.”

32. Following its review of Ms. Ramsay’s request, and based on Dr. Lovett’s recommendations and my independent review of the file, NBME concluded that there was no new substantive information or evidence that warranted a different decision than the decision applicable to Step 1 as communicated in my September 11, 2018 letter to Ms. Ramsay. NBME therefore informed Ms. Ramsay by letter dated February 14, 2019 that she was not approved for extra time accommodations. A true and correct copy of my February 14, 2019 letter to Ms. Ramsay is attached at **Exhibit N**.

33. By letter dated March 19, 2019, Ms. Ramsay, through her attorney, requested further reconsideration of our decision regarding her request for extra time accommodations. No new substantive information or evidence was provided by Ms. Ramsay or her lawyer for NBME’s consideration, and NBME’s decision did not change. A true and correct copy of NBME’s March 27, 2019 email response is attached at **Exhibit O**.

34. Birth dates and social security numbers have been redacted from the attached documents.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 29, 2019

A handwritten signature in cursive script, reading "Catherine Farmer", written in black ink.

Catherine Farmer

EXHIBIT A



1105800 5-366-431-4
Step 1 and Step 2 CK-Mult

United States Medical Licensing Examination® (USMLE®)

REQUEST FOR TEST ACCOMMODATIONS

Use this form if you are requesting accommodations on USMLE for the first time. Disability Services

The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Review the USMLE Guidelines for Test Accommodations at www.usmle.org for a detailed description of how to document a need for accommodation.
- Complete all sections of this request form and submit it together with all required documentation at the same time you submit your Step exam application.
- Incomplete, illegible, or unsigned request forms and/or insufficient supporting documentation will delay processing of your request.
- Do not send originals. Please retain the originals of all documentation that you submit as we are unable to return submissions or provide duplicate copies to third parties.
- Submitting duplicate and/or bound documentation may delay processing of your request.
- NBME will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within a few days of submitting your request, please contact Disability Services at 215-590-9700. You may be asked to submit additional documentation to complete your request.
- Requests are processed in the order in which they are received. Allow at least 60 days for processing of your request. Processing cannot begin until sufficient information is received by NBME and your Step exam registration is complete.
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at disabilityservices@nbme.org or by telephone at 215-590-9700.

You MUST provide supporting documentation verifying your current functional impairment.

☞ In order to document your need for accommodation, submit the following with this form:

- ✓ A personal statement describing your disability and its impact on your daily life and educational functioning.
- ✓ Supporting documentation such as psychoeducational evaluations; medical records; copies of report cards, academic and score transcripts; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; verification of prior academic/test accommodations; etc.
- ✓ A complete and comprehensive evaluation. Reports from qualified professionals must be typewritten on letterhead, signed and include the professional's qualifications.

USMLE® Request for Test Accommodations

Section A: Exam Information

Place a check next to the examination(s) for which you are currently registered and requesting test accommodations: (Check all that apply)

- ☒ Step 1
☒ Step 2 CK (Clinical Knowledge)
☐ Step 2 CS (Clinical Skills)
☐ Step 3

Section B: Biographical Information

Please type or print.

B1. Name: Ramsay Jessica E
 Last First Middle Initial

B2. Gender: ☐ Male ☒ Female

B3. Date of Birth: [REDACTED]

B4. USMLE # 5 - 3 6 6 - 4 3 1 - 4 (required)

B5. Address:

6862 Tall Oaks Dr., Apt. 3B

Street

Kalamazoo

MI

49009

City

State/Province

Zip/Postal Code

United States

Country

(269) 932-8214

Daytime Telephone Number

Alternate Telephone Number

jessica.ramsay@med.wmich.edu

E-mail address

B6. Medical School Name: Western Michigan University Homer Stryker M.D. School of Medicine

Country of Medical School: United States Date of Medical School Graduation: 05/13/18

USMLE® Request for Test Accommodations

Section C: Accommodations Information

C1. Do you require wheelchair access at the examination facility? ☐ Yes ☒ No

If yes, and you require an adjustable height computer table, indicate the number of inches required from the bottom of the table to the floor: _____

C2. Describe the accommodation(s) you are requesting. Accommodations must be appropriate to the impairment within the context of the examination task and setting:

100% additional test time (Double time) over 2 days, separate, distraction-free exam space, extra laminated paper, colored dry-erase markers in addition to black, water and snack to be taken with medications during the test.

C3. Check **ONLY ONE** box for the exam(s) for which you are registered.

STEP 1:**Additional Break Time**

☐ Additional break time over 1 day

☐ Additional break time over 2 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

Additional Testing Time

☐ 25% Additional test time (Time and 1/4) over 2 days

☐ 50% Additional test time (Time and 1/2) over 2 days

☒ 100% Additional test time (Double time) over 2 days

STEP 2 CK:**Additional Break Time**

☐ Additional break time over 2 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

Additional Testing Time

☐ 25% Additional test time (Time and 1/4) over 2 days

☐ 50% Additional test time (Time and 1/2) over 2 days

☒ 100% Additional test time (Double time) over 2 days

STEP 3:**Additional Break Time**

☐ Additional break time over 4 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 4 days

Additional Testing Time

☐ 25% Additional test time (Time and 1/4) over 3 days

☐ 50% Additional test time (Time and 1/2) over 4 days

☐ 100% Additional test time (Double time) over 5 days

STEP 2 CS:

Describe the accommodations you are requesting for each section of Step 2 CS (i.e., patient encounter, patient note). If you are requesting additional time, state the amount of additional time you require in minutes per encounter/note.

☐ Patient Encounter: _____

☐ Patient Note: _____

USMLE® Request for Test Accommodations

Section D: Information About Your Impairment

D1. Check the box that best describes the nature of your impairment and list the year it was first diagnosed by a qualified professional. Check only those for which you are requesting accommodations.

Sensory☐ Hearing☐ Vision☐ Other (specify): _____**Year first diagnosed**

Learning☒ Reading

1997 Dr. Mary Alice A. Tanguay, Therapeutic Optometrist

☐ Writing

☐ Mathematics

☒ Other (specify): Dyslexia

2009 Provisional Dr. Alan Smiy, M.D.

Language☐ Expressive

☐ Receptive

☐ Other (specify): _____

Physical☐ Mobility/motor

☐ Endocrine

☐ Neurological

☐ Other (specify): _____

Psychiatric☐ Anxiety Disorder

☐ Depression/Mood Disorder

☒ Attention Deficit/Hyperactivity Disorder

2009

☐ Other (specify): _____

Other Impairment (specify) Migraines1997

D2. List your **current** DSM/ICD diagnosis/diagnoses for which you are requesting accommodations:

ADHD, Dyslexia

D3. Personal Statement

- **Attach a signed and dated personal statement describing your impairments(s) and their impact on daily life.** Narratives should not be confined to standardized test performance. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limit your current functioning in a major life activity. In your own words, discuss how your impairment(s) would interfere with your access to the relevant USMLE Step and how the specific accommodation(s) you are requesting will alleviate this impact.

USMLE® Request for Test Accommodations

Section E: Accommodation History

STANDARDIZED EXAMINATIONS

E1. List accommodations you received for all standardized examinations such as college, graduate and professional school admissions tests and professional licensure and certification examinations. If no accommodations were provided, write NONE.

- ☐ Attach copies of official documentation from each testing agency confirming the test accommodations they provided.
- ☐ Attached a copy of your official examination score report(s).

	<u>DATE(S) ADMINISTERED</u>	<u>ACCOMMODATION(S) PROVIDED</u>
<input type="checkbox"/> SAT®, ACT®		None
<input type="checkbox"/> MCAT®		None
<input type="checkbox"/> GRE®		
<input type="checkbox"/> GMAT®		
<input type="checkbox"/> LSAT®		
<input type="checkbox"/> DAT®		
<input type="checkbox"/> COMLEX®		
<input type="checkbox"/> Bar Examination(s)		
<input type="checkbox"/> Other(s) NBME	12/19/14, 6/22/15, 1/4/16, 4/11/16, 6/24/16, 8/26/16, 10/21/16	2x testing time, separate distraction-free testing room, extra laminated paper & colored dry-erase markers, water & snack with medications.

POSTSECONDARY EDUCATION

E2. List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

- ☐ Attach copies of official records from the school(s) listed confirming the accommodations they provided.

	<u>SCHOOL</u>	<u>ACCOMMODATIONS PROVIDED</u>	<u>DATES PROVIDED</u>
Medical/Graduate/ Professional School	Western Michigan	2x testing time, separate distraction-free exam room, hard (paper) copy of tests if possible,	2014-Current
	University of Michigan	extra scrap paper/laminated sheets, colored pencils & highlighters/dry-erase markers;	
	M.D. School of Medicine	water, snack & meds in room with me.	
Undergraduate School	The Ohio State	2x testing time, separate room or distraction-free testing area, hard (paper) copy of tests if possible,	2009-2013
	University	extra scrap paper, colored pencils & highlighters,	
		water & snack in room with meds.	

E3. Certification of Prior Test Accommodations

- ☐ If you receive/received accommodations in medical school and/or residency, the appropriate official at your medical school/residency must complete and submit the Certification of Prior Test Accommodations form available at www.usmle.org.

USMLE® Request for Test Accommodations

PRIMARY AND SECONDARY SCHOOL

E4. List each school and all formal accommodations you received, and the dates accommodations were provided:

- Attach copies of official records from the school(s) listed confirming the accommodations they provided.

	<u>SCHOOL</u>	<u>ACCOMMODATIONS PROVIDED</u>	<u>DATES PROVIDED</u>
High School	St. Joseph High School	None	
Middle School	Upton Middle School	None	
Elementary School	Sunset Oaks Academy	Alphabet chart, distraction-reduced space, extra time for writing and reading. These were provided by the teacher, not the school, so I do not have records confirming them.	1996-1997 school year

Section F: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information (see "Indeterminate Scores and Irregular Behavior"), if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): Jessica Ramsay

Signature: *Jessie Ramsay* Date: 11/28/2016

EXHIBIT B



1106799

5-366-431-4

Personal Statement

Jessica Ramsay

Dec 11, 2016

Personal Statement

To adjust for my learning disabilities, ADHD and Dyslexia, I am requesting accommodations for the USMLE Step exams, specifically:

- 100% additional exam time (double time) over 2 days
- a separate (secluded), distraction-reduced testing room
- various colored dry-erase markers to use on the laminated paper
- alarm or timer (in the room, visible on the computer screen, or a visual signal or verbal reminder from a proctor), water and a snack in the room with me for taking my necessary medications at the correct times

In addition to these requests for the Step 1 and Step 2 CK exams, I will also apply for accommodations for the written portion of Step 2 CS at the time of registration.

RECEIVED

* * *

DEC 12 2016

Being ADHD, I have a difficult time sitting still and am easily distracted by the simplest external stimuli. In addition to my own thoughts. A separate testing space helps me to stay focused on the exam and what the questions are asking without the distraction of other test-takers. It also allows me to briefly stand up and stretch without distracting others, which keeps my thoughts from constantly being pulled away from the exam to suppress the urge to move. Colored dry erase markers help me to correct for my dyslexic errors and avoid misreading questions as well as to differentiate between answer choices, especially when they are similarly worded. Double exam time gives me the opportunity to read through each question while compensating for the effects of my learning disabilities so that I am able to answer the questions based on the same information as my peers and make sure that I am selecting the appropriate answer choice for my intended answer, instead of mixing them up or missing a key "not" that makes the answer choice the opposite of what I want. Having an alarm or timer in the room to remind me to take my prescriptions, along with water and a small snack to take with the meds are reasonable requests – especially if the snacks are unwrapped and in a clear plastic bag, and the water in a label-less clear plastic bottle, all of which can be checked by a proctor before entering the exam room. If my dosing times do not happen to line up with the exam section breaks, trying to remember and keep track of when to take my meds, having to take an unscheduled break, followed by the whole process of scanning in and out of the room to do so, takes up a large chunk of my exam time while adding another whole layer of unnecessary distraction during the exam. Instead, being able to just reach over, take the meds with a few sips and a couple bites and then get right back to the exam with minimal interruption allows me to devote more of my time and focus to the test itself.

Prior to college, I was generally able to force myself to sit still, pay attention, and recognize and correct my dyslexic errors throughout the school day because the work load was easier and there was much less of it. After using my energy to concentrate on these tasks, I was always mentally exhausted at the end of the day but found relief in sports and extracurricular activities, where my weaknesses in the classroom now played to my advantage. My parents and teachers never considered the possibility that I might have a learning disability

because I worked hard and was able to mask my mistakes at school, and at home, I appeared to be extraordinarily normal next to my two brothers who have autism and multiple other special needs.

I did have one teacher in 2nd grade who noticed I had trouble with “reversals” and distinguishing between similar-appearing characters when reading and writing – such as qbdp, 96, wunm, JL, 3E, gy, sae and 4A, which were even worse with cursive: *nnnnnnlllllll* or *gggg*. I was then referred to a therapeutic optometrist, Dr. Mary Alice Tanguay, to be evaluated for my “reversals,” but she identified my difficulties as “substantial deficits in the areas of visual-spatial relationships and visual discrimination” rather than as “dyslexia.” At school, for writing assignments and spelling tests, my teacher began putting me at the “time-out desk” in a cubicle in the corner of the room and gave me an alphabet chart to help me keep my letters straight, which was all extremely embarrassing for me. Because I did not fully understand what was going on, it felt as if I were being punished for being slower and having more difficulties than my classmates because everyone else only sat at that desk if they were in trouble. However, I did recognize that this early form of “accommodations” did help and ultimately reduced distractions and gave me enough time to learn how to catch and correct my own mistakes, developing more efficient compensatory skills. The summary letters from Dr. Tanguay’s evaluations before and after my teacher provided her accommodations demonstrate the progress I made as I learned to more quickly self-correct, but also noted that I would likely always be a slow reader. Unfortunately, these “accommodations” were unofficial, enacted by my teacher rather than the school, so I do not have any record that they were provided. Other than this visual testing, I was not evaluated for learning disabilities until 2009, and so did not receive any other aid or accommodation. Consequently, I have little supporting documentation from my childhood.

) Growing up, my friends would always get mad at me for not being able to hang out in the evenings because they did not believe that I was still doing homework. I always wondered how everyone finished their homework, especially essays and research papers, so much faster than I did. They always seemed to have so much free time when I was constantly up past midnight trying to finish my homework. My mom would get frustrated when I was trying to write a paper because it would take me FOREVER and we only had one computer in the house. And if I had to read something online, I would get yelled at for tying up the phone line (we had dial-up service at that time). No one ever believed me when I said I was actually trying to work the whole time. They assumed I was wasting time on social media or messaging on AIM, but I rarely ever was. The worst part for me was test-taking. No matter how much I studied or how hard I worked, I rarely got an exam grade that accurately reflected how much I knew.

I had tested into the ACE (Academic Creative Education) program in elementary school when I lived in Texas, but when we moved to Michigan in the middle of 5th grade, my new school did not recognize the ACE program, so I was not allowed to participate in the Stanford EPGY (Education Program for Gifted Youth), the accelerated track used at my elementary school at the time. Instead, I had to wait until the end of the year to test into the accelerated program that started in 6th grade and continued through high school. I distinctly remember that it was a timed, multiple-choice test and we had to get at least 30 out of about 60 questions right to be accepted into the program. All but one other person finished early, but I was the only person to answer less than 30 questions. I had finished 29 and was working on the 30th when time ran out. I went home crying because I felt stupid and slow – everyone was going to know I wasn’t smart enough to make it into the

program. I told my mom that I *knew* how to do all the questions, but I just did not have enough *time*. I was positive that I had gotten the 29 correct that I had finished and was almost certain that if they just graded the work I had done in the test booklet, they would see that I was going to get the right answer on the 30th. My mom called the school and asked if they could grade the work for the last question and count it in my score. They agreed and, if I got all of them correct, would give me a trial period in the program to see if I could keep up. My answers were all correct, so I was able to participate in the accelerated track "trial period" when it began in 6th grade. I did very well, understood everything and was able to do the homework, so I was allowed to stay in the program. Fortunately, there were not any timed tests to reveal my weakness until later in the program.

In 7th grade Algebra, which was part of the accelerated track, I had maintained an A- in the class from all of my homework assignments but ended up getting a C- on the exam – I forgot my calculator at home, even though I had set it out the night before, and ended up running out of time. I knew how to do all the problems, but just did not have enough time to work through them, especially without a calculator. My mom and I met with the teacher who allowed me to retake it with a calculator. I still ran out of time and ended up getting a B+ on the retake as well as for the final class grade. The same thing happened in Pre-Calculus in 10th grade, but this time I had not forgotten my calculator; I just ran out of time. I had an A- going into the final but got a D on the final exam. Devastatingly, my teacher did not allow me to retake that exam, so I ended up with a significantly lower grade in the class than I was originally on track for.

These disheartening experiences were not limited to math class; those were just more upsetting since I liked and was good at math. But timed tests have been my downfall in all of my classes, making me look unprepared and feel incredibly stupid. Being dyslexic and ADHD has caused me to struggle with words, making me a slow reader and writer both in and outside of testing. Since the beginning of my academic career, I have rarely been able to finish assigned readings for any class by the time they were due. I have always loathed reading; it is an agonizing battle of deciphering words on a page. Like most students, I would procrastinate when it came to doing homework, though in my case, it was usually only to avoid any reading or writing. Instead of watching TV or getting lost in social media, I would work on homework in other subjects or try to cross something off my running to-do list. Even with procrastinating, I actually spent a good chunk of the time between getting home and going to bed, attempting to get through the readings. Many times I was up until 3 or 4 AM just trying to finish.

In English and Literature classes, we usually had a paper due in place of exams. However, the few times we there was an exam, I would never have enough time to finish, but would usually get through enough to pass, just not enough to demonstrate what I actually knew. One monumental exception is the final exam I took for my History of Early Christianity course in undergrad. Just prior to the exam, the professor gave us the exam format (15 multiple-choice, 10 short essay and two long essay questions) as well as the two prompts for the long essays, and the option to bring a 3x5 index card into the exam containing any information we thought would be helpful. For each of the long essays, we were expected to have an introduction paragraph; three body paragraphs, each containing their own argument and supporting evidence; and a conclusion. Panicking, knowing my weakness, I went home and wrote both essays completely, then condensed them to "outlines" containing only the necessary information, and then hand wrote them on the index card... I must have written

In 6-point font. By doing all of this, I had thoroughly prepared not only for the essay prompts, but for the entire exam. I knew the content forwards and backwards, and could have *verbally* answered any question that could have been asked. But somehow, despite pushing myself to move as fast as possible and spending every second answering questions and consciously trying to redirect any distracting thoughts back to the exam, I had already used up half my time when I had completed only eight of the 10 short essay questions. At this point I chose to sacrifice the last two short essays to get started on the long essays. In the remaining time, even with the use of my prepared index card, I only managed to finish half of the first long essay. I will never forget the feeling that hit when time was up. I have never felt more stupid or inadequate. It was physically painful. I hated myself for being so inept. *Why wasn't anyone else having this problem?* I ended up emailing my professor the second I got home to let her know what happened, not to ask her to be lenient, but because I did not want her to think I had been lazy and come so unprepared. Fortunately, she was understanding enough to grade my exam only out of the sections I had started. Again, I had a solid A going into the final and came out with a B-. This episode actually happened after I had already been approved for accommodations, so I ran out of time even with 1.5x testing time and a distraction-reduced space.

For *anything* written, not just exams or papers, the process of writing is pure agony for me. Even though I know I can turn out a decent final product, the struggle to get there – keeping track of and organizing my thoughts, translating them into words, finding the *right* words to convey the intended meaning, trying to get it all typed out before I forget how I worded it, and then working to get the jumbled mess of words on the paper into a logical, cohesive order, all while on constant lookout for dyslexic errors unnoticed by spell-check – is extremely frustrating and draining. With every writing assignment, whether one paragraph or many pages, I get hit by an immediate tidal wave of dread towards doing the assignment and involuntary dislike of the person assigning this “cruel punishment.” If the content can be factual and straightforward, such as for patient encounter notes where I only have to describe what I heard and observed, I can shake off the panic and despair enough to get the writing done. But when the assignment requires synthesis of words from my own thoughts, feelings and experiences, my subconscious mind just says, “Nope. **REJECTED!**” Then it flips a switch that shuts down any part of my brain it feels could be subjected to the torment of writing.

The disconnect between my awareness of the impending doom, my desire to get the assignment done and over with, and my brain's self-protection lockdown causes enough depression and anxiety to destroy any further chance of productivity no matter how focused and productive I was before. I am unable to move forward with anything that requires mental effort, much less anything to do with words. I know everything that needs to be done, I want to do it, but I can no longer generate a thought process to get me from A to B. It feels like, all at once, I am trying to ride a bike uphill, peddling like crazy, without realizing the bike has no chain; “grasping at straws” through a sheet of Plexiglas; and trying to run a marathon when I am stuck in quicksand at the starting line. Everything becomes impossible. No matter what I try to do or how hard I work at it, I get absolutely nothing useful done. The smallest tasks are now beyond overwhelming, and all the while, I am very aware that I am just wasting precious time and I can't do anything about it, which only adds to my overall stress.

While struggling to make any bit of progress, I inevitably reach a tipping point a few days, sometimes only hours, before the due date, when the stress of the situation causes my cortisol level to shoot through the roof,

overriding my brain-induced lockdown. At this point I can manage to get something done, still much slower than the average person, and will usually have to pull a few all-nighters in the process. The more important an assignment is to my grade, my applications, or my future, the more likely this last-minute crunch time will happen.

My mind is still scarred by the torture I have endured with every assignment, so that now, whenever I sit down to write, I *literally* cannot think of words. *Any* words. It is not writer's block or procrastination. Rather, the dread and mental paralysis that occur just from *knowing* I have to write more than a sentence, especially about myself, is essentially a form of PTSD. I once tried to explain how this feels to my friend, who brilliantly concluded, "Oh, like the dementors in *Harry Potter* – or when he has to wear the horcrux – they sort of suck the happiness out of him? ... So, writing is *your* horcrux." In combination with various school assignments, clerkship hours, studying for the Shelf and Step 1 exams, and managing my own medical problems and family demands, this "horcruxing" as my friend calls it, is a large part of why it has taken me so long to complete this personal statement.

* * *

During undergrad, the demands of school, work and life finally broke past my threshold, requiring more time and energy than I could muster. I had been stretched beyond my limit and was left feeling like a tornado had torn through my brain, leaving behind random, broken fragments of all the things that had so far allowed me to keep up with my peers. More than ever, I was repeatedly misplacing things and losing track of homework, and sometimes completely forgetting to bring in the assignments I had shockingly remembered to do. I was no longer able to force myself to focus or to catch and correct my dyslexic errors, and was even having trouble speaking – mixing the beginnings or ends of neighboring words or just not being able to find the right words at all. The worst part was knowing what needed to be accomplished to move forward, that I was capable of doing all of it, but was somehow never able to get it all done fast enough, even if I planned ahead. Despite making a valiant effort to stay organized and get everything done on time, I would always find a way to miss a crucial step, knocking myself back to square one.

I was spending all my waking hours just trying to get through the bare necessities for school, so that the slightest addition to my to-do list was enough weight to drag me far below the surface. If I tried to get through enough material to at least pass my classes, I had no time left to spend on myself to maintain my physical, emotional and social well-being. So, choosing to take a little time for myself, even to get some much-needed sleep, was choosing to sacrifice other important aspects of my life. It was so frustrating to not be able to just finish everything I needed to get done. Even worse, I was making exponentially more "dumb" mistakes than usual – like circling "b" instead of "d"; missing the crucial "*not*" or "*least* likely" and ending up with the exact opposite answer; or altogether misunderstanding a question because I mixed up some of the words – so that my grades were becoming an even poorer representation of my knowledge and hard work than I was already used to.

A few key things tipped me off that I might have a problem and that a common underlying cause might be to blame for all my current struggles. One was in my Spanish course, when I could not get above an A- on my

written tests, even though all my answers were "technically correct." It was clear I knew the answers because I would get an A on every oral test, but couldn't seem to transfer it to paper. I was getting so many marks off for "spelling" because I was still switching letters or words around, but was no longer able to catch it like I had before. I was so frustrated with constant mistakes, so I talked to my professor about it, explaining that I had always had this problem, but I didn't know why it was affecting me more now. Unfortunately, she was not able to do anything to help me unless I had an official diagnosis and was registered with the Office of Disability Services (ODS).

The second tip-off was around the same time. I had actually managed to get into the Honors section in the last Organic Chemistry class of the series. Although I was still pressed for time on these exams, I enjoyed and did well in this series because it was more visual and image-based than many of my other basic science courses, which better fit my learning style. Because of this, I was particularly alarmed and embarrassed when I had to turn in the first midterm exam for this course with four pages of unanswered questions at the end, simply because I ran out of time. After working so hard to get where I was and then watching as grades started slipping, I decided to get help. I asked my organic chemistry professor if he thought getting a tutor would help, but he surprised me by saying no. Again, I had gotten almost everything correct that I had answered, so he suspected lack of understanding was not the issue. He recommended talking to ODS to get more time on my exams. I did. ODS provided me with temporary accommodations while I sought evaluation and treatment from my doctor.

* * *

) At my appointment, I answered questions from my primary care provider, Dr. Allen Smiy, about my current and past experiences with school, home life, sleep and possible feelings of anxiety and depression. This made me think about how much more time I was *actually* spending on a daily basis than my friends and classmates to cover the same material and do the same assignments and *how much harder* I had to work during that time to "keep up" and pay attention. Looking back now, the disparity is painfully obvious, but it was not so back then. With only vague complaints from classmates about how long they spent doing homework, and without having "normally functioning" siblings at home to compare myself to, I had no way to develop a meaningful awareness of how disproportionate my sacrifices were.

When Dr. Smiy asked if I had trouble sitting through class or if I tended to be hyperactive, I answered "probably no more than the rest of the class," because it had not occurred to me that most people did *not* struggle to sit still through class or an entire movie without fidgeting or getting up to do something else. At the time, my understanding of "hyperactivity" was running in circles around the room, climbing onto and jumping off of furniture, and more inappropriate and childish behaviors – which I did not do, so I did not associate my restlessness and the fact that I am always moving with being *hyperactive* – I just thought I was *active*. I did not recognize my constant need to be up and about or doing something as out of the ordinary, nor associate these symptoms with signs of hyperactivity, until a few years ago, when I began studying and living with other med students who would get annoyed because I "just never stop moving" and "can't sit still."

At the end of the visit, Dr. Smiy diagnosed me with ADHD inattentive type (now established as combined type) and provisionally with dyslexia, discussed some accommodations and coping strategies that might help, and started treatment. Prior to this visit, I was unaware that most of my symptoms and daily struggles could all be related and were likely caused by the learning disabilities as opposed to the assumed intrinsic laziness, forgetfulness, disinterest or selective hearing. I asked why no one had suspected I might have a learning disability before now and if it was commonly missed in others, to which he responded that being diagnosed later in life was common in intelligent individuals because, like me, they are able to mask or make up for their deficits. He further explained that these individuals generally have to work much harder than their peers to function at the same level and usually reach a "breaking point" when the challenges presented by school and life finally outweigh their ability to keep up. Dr. Smiy also pointed out that it is common to get headaches while at school or doing homework from forcing themselves to focus for long periods of time without proper support, and that this may be contributing to my frequent headaches.

* * *

When I originally applied for testing accommodations from ODS, I only requested extra time on tests because I had no idea there was anything more I could ask for. I had never received accommodations nor been educated on the wide range of possible support services for both school and non-academic needs. After we discussed my difficulties and concerns, my newly assigned ODS advisor suggested some additional accommodations she thought would be beneficial. Once we agreed upon a combination of services, I was approved for accommodations which included the option to take all quizzes, tests and exams in a distraction-reduced space (usually a separate room) with 1.5x testing time; use of visual aids (scrap paper, colored pencils, highlighters, etc.); and continued access to my ODS counselor, who served as an advocate while providing academic and emotional support.

I was astonished by how much my exam scores improved and stress levels decreased with the accommodations, which finally gave me the opportunity to prove I actually *was* prepared; I *had* worked incredibly hard and I *did* know the material. After getting only a C- and B without accommodations on the preceding Honors Organic Chemistry midterms, I scored a solid A on the comprehensive final exam, earning an A in the course overall. From there, my grades continued to improve, most notably on exams with multiple-choice and/or short-answer formats, especially when I was permitted to draw pictures in place of writing long explanations.

Even with the extra time and focus aids, I still had to rush to finish most exams, yet would still run out of time before I was able to complete exams with lengthy question prompts, long essays, or multiple shorter ones – the most notable example being my History of Early Christianity final. Devastating blows to my confidence, such as that one, have pushed me to firmly evaluate my weaknesses and develop a better awareness of my learning "disabilities" and the help I need to overcome them. To me, learning "disability" is a misnomer because the fact that I *can* overcome them means that I am a "differently abled" learner, not "disabled."

Now, in medical school, having accommodations has made it possible for me to keep up with my peers. As I encounter new situations in the classroom and the clinic, I am constantly reflecting on my performance and

reassessing my strengths, weaknesses and needs, sometimes requiring alterations to my current accommodations. Although I am part of the inaugural class, my school has appropriately adjusted their provisions to meet my evolving needs. For example, during 2nd year, in the strictly timed environment of our OSCE clinical skills assessments, I struggled to complete simple subjective/objective encounter notes within the 10-minute limit. After discussing my needs with the accommodations committee, my request for 1.5x time was approved. However, since beginning 3rd-year clerkships, we have moved to using the Step 2 CS-style SOAP notes for our clerkship OSCE assessments. Even though I have been thriving in the clinical environment, successfully completing full patient encounter notes in a reasonable time, I am now struggling to complete this more advanced OSCE note within the 15 minutes I am currently provided and will be requesting double time.

The effects that learning disabilities have on my life are most quantifiable when assessing my academic performance, but they do not just affect school; for me, they are a 24/7 thing. Growing up, I constantly got in trouble for "being lazy" or "ignoring" directions – failing to do simple things like hanging my jacket in the closet rather than on the back of a kitchen chair, pushing my chair in when I got up from the table, making my bed, or putting things completely away – because no matter how many times my mom asked or what I tried to make myself remember, I always got distracted halfway through, forgot what I was doing and moved on to something else.

Since being diagnosed in 2009, I have gotten better at recognizing my hyperactive and inattentive trend, which has expanded and become more apparent as I have taken on more responsibility as an adult and medical student. I have learned the hard way that it is necessary for me to spend a bit more effort to create reminders, backup reminders, and backup-backup reminders to avoid the negative domino-effects from making repetitive and perpetual "careless" mistakes, such as:

completely forgetting I was supposed to meet my friend for lunch 3 hours ago because I was trying to study – OR – wanting to let my friend know I am running late, but too bad, I left my phone who-knows-where... *again* – OR – actually remembering I am supposed to meet a friend and even getting up early to give myself extra time to preemptively correct for the inevitable "dumb" mistakes... but *of course*, losing track of time and just happening to look at a clock only *three* minutes before I have to be at the restaurant, grabbing my phone and keys, throwing on my shoes, running out the door and shutting it behind me, only to discover I have no way of locking it because my keys found a way to magically disappear in the 15 seconds it took me to don my shoes and cross the threshold.

Knowing what to watch out for, I generally make a conscious effort to keep track of due dates and important things – usually by setting a copious number of alarms on my phone and computer and placing Post-Its all around my apartment reminding me of bill or assignment due dates, upcoming appointments, or social commitments. If something is really important for me to remember, I will even ask several other people to remind me.

But with normal daily activities, there are no motherly reminders to keep me on track. One minute I can be hurriedly throwing some leftovers in the microwave because I just realized I am starving and on the verge of

passing out, and the next minute I am looking up from a random project wondering why the microwave is beeping at me.

Already struggling to manage my life and having to surrender *much* more time and effort to studying and completing assignments, the learning disabilities intrinsically add a disproportionate amount of hoops for me to jump through than most individuals ever have to deal with, such as:

- Every time I move or my physician retires, I must immediately find a new physician and research who accepts my insurance, is actually taking new patients, and is willing to prescribe my medications.
- To get my medications, I have to call my doctor for refills EVERY 30 days, drive to their office to personally pick up the script, drive to the pharmacy, either wait for the script to be filled or drive back later just to pick it up... because a 90-day supply is not allowed in my state.
- To even be eligible to continue receiving my prescriptions, I must have a doctor visit every three to six months, depending on provider policy, which means I also have to *schedule* these appointments and actually remember to do so.
- When requesting services, because of the way our society is structured, my claim of having learning disabilities is never just taken at face value – I repeatedly have to call doctors' offices and ask that official records be sent as proof of my disabilities, then apply for accommodations and torture myself with writing support for each request.
- When current records are not enough, I have to locate a qualified psychologist, schedule an appointment, and spend several hours in a behavioral psychology evaluation.
- And, of course, I have to keep track of and pay the bills for each of these costs.

Keep in mind, the pure nature of these disabilities makes managing just ONE of these tasks, not to mention ALL of them, more difficult and time-consuming than for the average person. Every minute I spend keeping my disability affairs in order is time taken away from family, friends, recreational activities, self-maintenance, sleep and studying.

For me, managing my life is like having the contents of a ball pit dropped from the ceiling, all at once, and being expected to not let a single one hit the ground. It is impossible without help. Finally being diagnosed and receiving treatment was like being given a shopping cart to catch more balls in, and receiving academic accommodations, a second shopping cart. Sometimes my friends and family help out – each catching a few more – by reminding me about upcoming deadlines, or being patient and understanding when I jump from one thought to the next without finishing the previous one or I have to ask what we were just talking about after losing track mid-sentence.

I wish I did not need more time or accommodations, just like I wish I did not have to sacrifice the things I enjoy to make time for things I dread, but I do. Without them, in the context of the USMLE Step exams, I would not have the opportunity to get through as much content or as many questions as everyone else taking the tests, and would not be able to demonstrate all that I have learned and accomplished thus far. If given the extra time, a quiet room and colored dry-erase markers, I will invest the additional energy, and I will succeed.

Jessica Ramsay, Dec 11, 2016

Jessie Ramsay 12/11/2016

EXHIBIT C



1106791 5-366-431-4
St. Joseph Sr. Scholastic

- SCHOLASTIC RECORD

ST JOSEPH SR.

RAMSAY JESSICA E
1438 OLD FARM LANE
ST JOSEPH MT 49085
SEX - FEMALE
SOC SEC NO -
BIRTH DATE -
UTC: 9751306436

STUDENT NUMBER - 000487963
ENTRY DATE - 01/03/01
EXPECT GRAD YEAR - 2008
COUNSELOR - TOMPKINS
DATE PRINTED - 09/18/07
GRADUATION DATE -
CREDITS EARNED -

04-05 05-06 06-07 07-08

B	COLLEGE WRIT 1	A-S1	A-S1	0.000	ST JOSEPH SR.
B	COLLEGE WRIT 2	A-S2	A-S2	0.000	2521 STADIUM DR
B	H ENGLISH 9			0.500	ST JOSEPH
B	H ENGLISH 10	A-S1		0.500	(269) 926-3200
B	H ENGLISH 10	A-S2		0.500	MI 49085
B	H ENGLISH 11			0.500	
B	H ENGLISH 11			0.500	CAREER TOTALS
B	H ENGLISH 11			0.500	CAREER GPA - 3.746
B	H ENGLISH 11			0.500	CREDITS EARNED - 19.000
B	H ENGLISH 11			0.500	CREDITS ATTEM - 19.000
B	H ENGLISH 11			0.500	HONORS POINTS -
B	AMER GOVT	A-S1		0.500	
B	AMER GOVT	A-S2		0.500	
B	WORLD HIST 1	A-S1		0.500	RANK WITHIN CLASS:
B	WORLD HIST 2	A-S2		0.500	27 OF 237
B	AM CRIM JUST			0.500	
B	ECONOMICS	A-S1		0.500	ATTENDANCE SUMMARY
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B	AP US HISTORY	A-S1		0.500	09 7.0 173.0 180.0
B	H BIOLOGY 1-2	A-S2		0.500	10 7.0 159.0 167.0
B	H BIOLOGY 1-2	A-S1		0.500	11 4.5 162.5 164.0
B	H BIOLOGY 1-2	A-S2		0.500	12
B	H CHEMISTRY	B-S1		0.500	HSPT SCALE SCORES
B	H CHEMISTRY	B-S2		0.500	MATH -
B	H PHYSICS 1-2			0.000	READING -
B	H PHYSICS 1-2			0.500	SCIENCE -
B	H ALGEBRA 3-4	A-S1		0.500	WRITING -
B	H ALGEBRA 3-4	B-S2		0.500	SOC STUD -
B	H TRIG/PRECALC			0.500	ENGL LANG -
B	H TRIG/PRECALC			0.500	
B	AP CALC AB	B-S1		0.500	PATWAY:
B	AP CALC AB	B-S2		0.000	CAREER MAJOR:
B	AP CALC BC			0.000	and Industrial Technology
B	AP CALC BC			0.000	
B	IS SPANISH 7-8	S1		0.000	
B	IS SPANISH 7-8	S2		0.000	
B	IS SPANISH 7-8			0.000	
B	IS SPANISH 1-2	A-S1		0.500	PREVIOUS SCHOOL
B	IS SPANISH 1-2	A-S2		0.500	LAKEHORE SR.
B	SPANISH 1-2			0.500	
B	SPANISH 3-4	A-S1		0.500	AUTHORIZED BY:
B	SPANISH 3-4	A-S2		0.500	
B	SPANISH 3-4			0.500	SIGNED:
B	SPANISH 5-6	A-S1		0.500	POSITION:
B	SPANISH 5-6	A-S2		0.500	DATE:
B	TECH DRAWING			0.500	
B	TECH DRAWING			0.500	
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B	ARCH DRAW 1HR	A-S2		0.500	
B	ARCH DRAW 1HR			0.500	
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B	ART 4	A-S2		0.500	
B	ART 4			0.500	
B	DANCE			0.000	
B	DANCE			0.000	
B	PE/HEALTH (G)	A-S1		0.000	
B	PE/HEALTH (G)	A-S2		0.500	

LEGEND: B-ENGLISH; E-FOR LANG; E-MATH; D-SCIENCE; C-SOC STU; N-PHY ED;
L-ART; J-MUSIC; G-BUSINESS; I-IND ARTS; K-ROME EC; H-AGRIC; V-VOC ED;
P-PHIL/RELIGION; S-SPEC-ED; Y-BILINGUAL; N-MISC; Z-NO CREDIT CRS
+ -WEIGHTED/HONORS CLASS

EXHIBIT D

EXHIBIT E

1106889 5-368-431-4
MCAT-Test Scores (MCAT, G

MCAT Score Report

Name JESSICA ERIN RAMSAY
Verification Code CYE7-PLI7-VHW4-DX8H

AAMC ID 13215693

Date of Birth [REDACTED]

URL * <https://apps.aamc.org/score-reporting-web/#/report/verify>

*** This report will no longer be able to be verified after 03/13/2017**

In order to verify these scores, you will be directed to create a user name and password. When visiting this page, select "Register for an AAMC Account" to begin this process.

MCAT Scores

For exams taken after January 31, 2015

No Scores Available

RECEIVED

MCAT Scores

For exams taken before January 31, 2015

DEC 13 2016

Disability Services

Exam Date	MCAT Total			Physical Sciences		Verbal Reasoning		Writing Sample	Biological Sciences	
	Total Score	Confidence Band ¹	Percentile Rank of Score ²	Score	Percentile Rank of Score ²	Score	Percentile Rank of Score ²	Score	Percentile Rank of Score ²	Percentile Rank of Score ²
04/09/2011	30M	28 to 32	79%	10	79%	09	57%	M	31%	11 88%

Notes

¹Test scores, like other measurements, are not perfectly precise. The confidence bands that are shown for the total scores above mark the ranges in which the test takers' true scores probably lie. To obtain the confidence band for each section score, subtract one point from and add one point to the score (or, in the case of the Writing Sample, subtract and add one letter).

²The percentile rank of a score is the percentage of test takers who received the same score or lower scores. The percentile ranks are based on tests administered from January 2012 through September 2014.

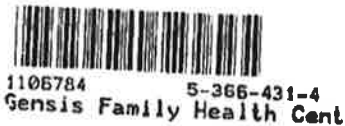
EXHIBIT F

MAY 17 2010 14:11

GENESIS HEALTH

269 428 2700 P.030

Genesis Family Health Center
3916 Stonegate Park St. Joseph, MI 49085
269-428-8000 Fax: 269-428-2700



May 17, 2010
Page 1
Chart Document

Jessica E. Ramsay

Female DOB: [REDACTED]
WH.BH.29

1607-0470001

: 558-2277
Ins: Whirlpoo (Whirlpool Corp) Grp:

03/24/2009 - Office Visit: ADD/ADHD
Provider: Alan N. Smly, MD
Location of Care: Genesis Family Health Center

Office Visit

Vital Signs

Height: 66.50 inches
Weight: 132 pounds
Temperature: 98.4 degrees F (tympanic)
Pulse rate: 70
Pulse rhythm: regular
Respirations: 16

Blood Pressure: 112/74 mm Hg

Select the Immunization & enter the necessary information to document the immunization.

Immunization Record
Nursing Comments
Immunizations Due

Immunization Record

Reason for visit: ADD/ADHD

RECEIVED
MAY 12 2010
Disability Services

Laceration/Wound

Objective

cm

Assessment:

Plan:

Rx:
METHYLPHENIDATE HCL 10 MG TABS 1 po q am x 4 days, then 1 po bid pm.

Genesis Family Health Center
3918 Stonegate Park St. Joseph, MI 49085
269-428-8000 Fax: 269-428-2700

May 17, 2010
Page 2
Chart Document

Jessica E. Ramsay
Female DOB: [REDACTED]
WH.BH.20

1697-0470001

: 568-2277
Ins: Whiripoo (Whirlpool Corp) Grp:

Workability/Return to Work Report
Employee: Jessica Ramsay DOB: [REDACTED]

*
*
*

Headache History

Physical Exam

General

General appearance: well nourished, well hydrated, no acute distress

Ears, Nose and Throat

External ear: normal, no lesions or deformities

Hearing: grossly intact

External nose: normal, no lesions or deformities

Neck

Neck: supple, no masses, trachea midline

Chest

Auscultation: no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: S1, S2, no murmur, rub, or gallop

Peripheral vascular: no cyanosis, clubbing, edema, or varicosities

Neurologic

Cranial nerves: II - XII grossly intact

Mental Status Exam

Mood and affect: no depression, anxiety, or agitation

History of Present Illness

Reason for visit: see chief complaint

Chief Complaint: ADD/ADHD

History of Present Illness: needs help with yazz for morn in.

high school no problems

MAY-17-2010 14:11

GENESIS HEALTH

205 428 4100 P.036

Genesis Family Health Center
 3916 Stonegate Park St. Joseph, MI 49085
 269-428-8000 Fax: 269-428-2700

May 17, 2010
 Page 3
 Chart Document

Jessica E. Ramsay

Female DOB [REDACTED]
 WH.BH.29

1897-0470001

: 558-2277
 Ins: Whirlpool (Whirlpool Corp) Grp:

college stress is making her switch letters around a bit.
 always a slow reader
 takes a lot of concentration for her to read.
 has to re-read a lot to get the point
 not as good of a test taker, better orally.
 names are a problem for her
 procrastinates - reading especially
 multi tasking is 'ok'

Risk Factors

Seatbelt use: 100 %

Health Status reviewed - no changes required

Past, Family, and Social History

Past History (reviewed - no changes required): Sinus infections

No surgeries indicated

hx of mono x 2

secondary amenorrhea

plantar wart

acne

Social History (reviewed - no changes required): To be in eighth grade fall of 2003.

Active in school sports - swimmer, volleyball, soccer

Review of Systems

General: denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss

Eyes: denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia

Ears/Nose/Throat: denies ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia

Cardiovascular: denies chest pains, palpitations, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema

Respiratory: denies cough, dyspnea, excessive sputum, hemoptysis, wheezing

Gastrointestinal: denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice

Genitourinary: denies vaginal discharge, incontinence, dysuria, hematuria, urinary frequency, amenorrhea, menorrhagia, abnormal vaginal bleeding, pelvic pain

Musculoskeletal: denies back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis

Skin: denies rash, itching, dryness, suspicious lesions

Neurologic: denies transient paralysis, weakness, paresthesias, seizures, syncope, tremors, vertigo

Psychiatric: focus issues at school and outside of same.

Endocrine: denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change

Heme/lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/immunologic: denies urticaria, hay fever, persistent infections, HIV exposure

Physical Exam

General appearance: well nourished, well hydrated, no acute distress

Genesis Family Health Center
3916 Stonegate Park St. Joseph, MI 49085
269-428-8000 Fax: 269-428-2700

May 17, 2010
Page 4
Chart Document

Jessica E. Ramsey

: 556-2277

Female DOB: [REDACTED]
WH.BH.20

1897-0470001

Ins: Whirlpool (Whirlpool Corp) Grp:

Eyes

External: conjunctivae and lids normal

Pupils: equal, round, reactive to light and accommodation

Ears, Nose and Throat

External ears: normal, no lesions or deformities

External nose: normal, no lesions or deformities

Hearing: grossly intact

Neck

Neck: supple, no masses, trachea midline

Respiratory

Respiratory effort: no intercostal retractions or use of accessory muscles

Auscultation: no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: S1, S2, no murmur, rub, or gallop

Periph. circulation: no cyanosis, clubbing, edema, or varicosities

Lymphatic

Neck: no cervical adenopathy

Musculoskeletal

Gait and station: normal, can undergo exercise testing and/or participate in exercise program

Digits and nails: no clubbing, cyanosis, petechiae, or nodes

RUE: normal ROM and strength, no joint enlargement or tenderness

LUE: normal ROM and strength, no joint enlargement or tenderness

Skin

Inspection: no rashes, lesions, or ulcerations

Neurologic

Cranial nerves: II - XII grossly intact

Mental Status Exam

Mood and affect: no depression, anxiety, or agitation

Assessment

Comments: add vs possible dyslexia - pt has more focus issues than dyslexic tendencies. recommend trial of ritalin as prescribed. risks/benefits, side effects outlined with pt who verbalizes understanding. f/u when she returns from school in may. pt will advise how she is doing in a few weeks. add survey and literature provided.

face to face time with patient = 30 minutes

Genesis Family Health Center
3916 Stonegate Park St. Joseph, MI 49085
269-428-8000 Fax: 269-428-2700

May 17, 2010
Page 5
Chart Document

Jessica E. Ramsay

Female DOB [REDACTED]
WH.BH.29

1897-0470001

: 558-2277
Ins: Whirlpool (Whirlpool Corp) Grp:

Plan

New Prescriptions/Refills:

METHYLPHENIDATE HCL 10 MG TABS (METHYLPHENIDATE HCL) 1 po q am x 4 days, then 1 po bid
pm #60 x 0 : Alan N. Smly, MD (03/24/2009)

YAZ 3-0.02 MG TABS (DROSPIRENONE-ETHINYL ESTRADIOL) 1 tab daily #90 x 3 : Alan N. Smly,
MD (03/24/2009)

Updated Medication List:

ALLEGRA-D 12 HOUR 80-120 MG TB12 (FEXOFENADINE-PSEUDOEPHEDRINE) 1 PO QAM
ALBUTEROL SULFATE HFA 108 MCG/ACT AERS (ALBUTEROL SULFATE) 2 puffs q 6 hrs pm
* GUARDASIL IMMUNIZATION X 3 This rx is for three guardasil immunizations at the scheduled times.
MINOCYCLINE HCL 100 MG CAPS (MINOCYCLINE HCL) 1 po qd for acne
YAZ 3-0.02 MG TABS (DROSPIRENONE-ETHINYL ESTRADIOL) 1 tab daily
RHINOCORT AQUA 32 MCG/ACT SUSP (BUDESONIDE (NASAL)) 2 sprays each nostril bid
METHYLPHENIDATE HCL 10 MG TABS (METHYLPHENIDATE HCL) 1 po q am x 4 days, then 1 po bid
pm

Prescriptions:

METHYLPHENIDATE HCL 10 MG TABS (METHYLPHENIDATE HCL) 1 po q am x 4 days, then 1 po bid
pm #60 x 0

Entered and Authorized by: Alan N. Smly, MD

Signed by: Alan N. Smly, MD on 03/24/2009

Method used: Print then Give to Patient

YAZ 3-0.02 MG TABS (DROSPIRENONE-ETHINYL ESTRADIOL) 1 tab daily #90 x 3

Entered and Authorized by: Alan N. Smly, MD

Signed by: Alan N. Smly, MD on 03/24/2009

Method used: Print then Give to Patient

Motor Vehicle Accident

Subjective

Immediately:

Signed by Alan N. Smly, MD on 03/24/2009 at 2:19 PM

EXHIBIT G



Office for Disability Services

Office of Student Life
150 Pomerene Hall
1760 Neil Avenue
Columbus, OH 43210-1297

Phone (614) 292-3307
Fax (614) 292-4190
TDD (614) 292-0901
www.ods.osu.edu

ADD / ADHD Verification Form

The Office for Disability Services (ODS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to be considered eligible to receive academic accommodations, the documentation must show functional limitations that impact the individual in the academic setting.

ODS requires current and comprehensive documentation in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

A. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so. These persons are generally trained, certified or licensed psychologists or members of a medical specialty.

B. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. *It is recommended that this form be completed by typing the information into the editable PDF version of the form available on our website at <http://ods.osu.edu/posts/documents/ADHD.pdf>.*

C. The healthcare provider should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. *Please do not provide case notes or rating scales without a narrative that explains the results.*

D. After completing this form, sign it, complete the Healthcare Provider Information section on the last page and mail or fax it to us at the address provided in our letterhead. The information you provide will *not* become part of the student's educational records, but it will be kept in the student's file at ODS, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

If you have questions regarding this form, please call the ODS office at 614-292-3307. Thank you for your assistance.

STUDENT INFORMATION
(Please Print Legibly or Type)

Name (Last, First, Middle): Ramsay, Jessica, Erin

Date of Birth: [REDACTED] Last 4 Digits of SSN: [REDACTED]

Status (check one): ☒ current student ☐ transfer student ☐ prospective student

Local phone: () - - Cell phone: (269) - 930 - 3001

Address (street, city, state and zip code): 1438 Old Farm Lane
St. Joseph, MI 49085

If OSU Student, OSU E-Mail address: ramsay.32 @OSU.EDU

E-mail address: _____

DIAGNOSTIC INFORMATION
(Please Print Legibly or Type)

*Please provide responses to the following items by typing or writing in a legible fashion.
Illegible forms will delay the documentation review process for the student.*

1. DSM-IV diagnosis:

- ☒ 314.00
- ☒ Predominantly Inattentive
- ☐ Predominantly Hyperactive-Impulsive
- ☐ 314.01 Combined type
- ☐ 314.9 Not otherwise specified

2. In addition to DSM-IV criteria, how did you arrive at your diagnosis?

- ☐ Behavioral observations
- ☒ Developmental history
- ☐ Rating scales
- ☒ Medical history
- ☒ Structured or unstructured clinical interview with the student
- ☐ Interviews with other persons
- ☐ Neuropsychological testing (dates of testing) _____
(Please attach diagnostic report of testing)
- ☐ Other (Please specify) _____

3. Please state date of diagnosis: 3-24-09

4. What is the severity of the condition? Please check one:

☐ mild

☒ moderate

☐ severe

Explain severity:

comprehension difficulty, not dyslexic
tendencies, chronic procrastination

State the following:

a. date of first contact with student: 2-27-03

b. date of last contact with student: 7-13-10

5. Student's History:

- a) **ADHD History:** Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Provide information supporting the diagnosis obtained from the student/parents/and teachers. Indicate the ADHD symptoms that were present during early school years (e.g. daydreamer, spoke out of turn, unable to sit still, difficulty following directions, etc.)

- NO Hyperactivity Complaint known

- SLOW READER, SOME DYSLEXIC TENDENCIES,
DECREASED COMPREHENSION SPEED

- b) **Psychosocial History:** Provide relevant information obtained from the student/parent(s)/guardian(s) regarding the student's psychosocial history (e.g. often engaged in verbal or physical confrontation, history of not sustaining relationships, history of employment difficulties, history of educational difficulties, history of risk-taking or dangerous activities, history of impulsive behaviors, social inappropriateness, history of psychological treatment, etc.).

SUPPORTIVE FAMILY

GOOD SOCIAL DEVELOPMENT

GOOD EFFORT IN ALL TASKS

- c) **Pharmacological History:** Provide relevant pharmacological history including an explanation of the extent to which the medication has mitigated the symptoms of the disorder in the past. Also include any *current medication(s)* that the student's currently prescribed including dosage, frequency of use, the adverse side effects, and the effectiveness of the medication.

CURRENT MEDS: ADDERALL 20mg bid

FAILED MEDS: METHAMPHETAMINE 10mg bid

- d) **Educational History:** Provide a history of the use of any educational accommodations and services related to this disability.

NONE KNOWN TO DATE

6. Student's Current Specific Symptoms

Please check all ADHD symptoms listed in the DSM-IV that the student *currently* exhibits:

Inattention:

- ☐ often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
- ☒ often has difficulty sustaining attention in tasks or play activities.
- ☐ often does not seem to listen when spoken to directly.
- ☐ often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- ☒ often has difficulty organizing tasks and activities.
- ☒ often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort.
- ☐ often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- ☒ is often easily distracted by extraneous stimuli.
- ☒ often forgetful in daily activities.

Hyperactivity:

N/A

- ☐ often fidgets with hands or feet or squirms in seat
- ☐ often leaves (or greatly feels the need to leave) seat in classroom or in other situations in which remaining seated is expected.
- ☐ often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- ☐ often has difficulty playing or engaging in leisure activities that are more sedate.
- ☐ is often "on the go" or often acts as if "driven by a motor".
- ☐ often talks excessively.

Impulsivity

N/A

- ☐ often blurts out answers before questions have been completed
- ☐ often has difficulty awaiting turn
- ☐ often interrupts or intrudes on others (e.g. butts into conversations or games).

7. State the student's *functional limitations* based on the ADHD diagnosis, specifically in a classroom or educational setting.

MAY NEED ADDITIONAL TIME ALLOTTED TO
provide for comprehension.

8. State specific recommendations regarding academic accommodations for this student, ~~and a rationale as to why these accommodations/services are warranted based upon the~~ student's functional limitations. Indicate why the accommodations are necessary (e.g. if a note taker is suggested, state the reasons for this request related to the student's diagnosis).

MAY NEED ADDITIONAL TIME ALLOTTED
FOR WRITTEN TESTS.

9. If current treatments (e.g. medications, counseling, etc.) are successful, state the reasons why the above academic adjustments/accommodations/services are necessary. Please be specific.

N/A

HEALTHCARE PROVIDER INFORMATION

(Please sign & date below and fill in all other fields completely using PRINT or TYPE)

Provider Signature: _____

Ansifer

Date: 8/13/10

Provider Name (Print): _____

Title: _____

License or Certification #: _____

4301073629 MICHIGAN

Address: _____

Phone Number: (____)____-____

FAX Number: (____)____-____

GENESIS FAMILY HEALTH CENTER, PLC
ALAN N. SMY, MD
3918 STONEGATE PARK
ST. JOSEPH, MICHIGAN 49085
PH: 269-428-8000 / FX: 269-428-2700

Important: After documentation is reviewed, ODS will send an email notification to the students OSU email account, (e.g. miller.6789@osu.edu), acknowledging receipt of documentation and the eligibility status. Prospective students that do not yet have an OSU email account will be notified via paper letter sent to their home address.

EXHIBIT H



1107651 5-366-431-4
Livingston, C. 9/22/14-Ev

Charles Livingston, M.A.

Licensed Masters Social Worker
Limited Licensed Psychologist

TO: Dr. Ziemkowski, M.D. @ WMED

RE: Jessica Ramsay, DOB [REDACTED], age 24

DATE: September 22, 2014

.....
An evaluation was requested due to "tired...stressed...always more to do...I don't think in words...self-corrected a lot...slow reader...comprehension okay...lowered grades do not show my knowledge...." For the purpose of this evaluation, there was a diagnostic interview, psychological testing of intellectual ability plus academic achievement in reading, and a follow-up consultation with Jessie. Based on the results, the conclusions and recommendations are as follows:

DIAGNOSTIC IMPRESSION: ADHD, inattentive type, severe, 314.00, see #4 below

1. At the time of the interview, Jessie recalled good grades until 4th grade when difficulty with reading and writing plus headaches and eye fatigue led to various testing in elementary and middle school. She indicated that an ophthalmological exam identified poor focus. She stated that untimed tests in the classroom resulted in better achievement. As an undergraduate, she was diagnosed with ADHD and Dyslexia by her primary care physician. She has used various accommodations and adaptations including distraction-reduced testing milieus, extra time for tests, an e-reader, highlighters, colored pencils, and ear plugs. She has used prescribed medication, currently Adderall 40 mg. TR in the AM plus 20 mg. in the PM. Finally, she indicated that she has always loved learning and has developed strong motivation and self-discipline.
2. On measures of intellectual ability, there was a broad range in the results, compared to other people of a similar age. Composite scores for verbal comprehension and perceptual (non-verbal) reasoning were both at the 96th percentile. Strengths included abstract verbal reasoning, practical comprehension, visuospatial reasoning, and long-term memory. The composite score for working memory, attention, and concentration was at the 63rd percentile. The composite score for processing speed was at the 10th percentile. Individuals with similar scores spend so much time and energy in basic data entry tasks, so to speak, that there is little left for higher order fluid reasoning and synthesizing. Jessie's exceptionally bright reasoning abilities and long-term memory stand in contrast to relatively low attention and concentration and very low processing speed. Her native intelligence has been some compensation for low abilities in the identified areas.
3. On measures of academic achievement, Jessie's reading comprehension was above average. (In the case of this subtest, the norms currently available extend to age 20.)
4. The biographical information and objective test results support the diagnosis. At the follow-up consultation, Jessie demonstrated her awareness of adaptive software and technological tools, such as Kurzweil 3000 software, smart pens, and Livescribe pens. Active use of all three modalities (visual, audio, manipulative) in studying could be emphasized. She was also encouraged to consider using many short study periods that respect her particular profile of abilities. At the discretion of WMED, the familiar accommodations of distraction-free testing milieus, paper testing materials, extended time, and audio recordings could be considered. Finally, it can be noted that throughout the evaluation Jessie showed a good tolerance for frustration, good motivation, and the effective use of humor for stress.

Cc: Jessica Ramsay

Charles Livingston, M.A.

Licensed Masters Social Worker
Limited Licensed Psychologist

Telephone: 269.226.2623
The Marlborough, Suite 41C
471 W. South Street
Kalamazoo, MI 49007

9-23-14



1107650 5-366-431-4
Addendum or Report of 9/2

Charles Livingston, M.A.

Licensed Masters Social Worker
Limited Licensed Psychologist

ADDENDUM OR REPORT OF SEPTEMBER 22, 2014

REGARDING JESSICA RAMSAY

SEPTEMBER 02, 2016

..... Disability Services
This addendum addresses a request for more information for the purpose of testing accommodations as requested by USMLE and NBME.

1. In response to Item 3, i.e. "Documentation necessary to substantiate ADHD....", a review of written medical records indicates difficulties with focus and headaches as early as age five. In second grade, accommodations included a secluded testing area and the use of an alphabet board to enhance letter identification. Migraines were diagnosed in third grade and led to daily prophylactic medication and adaptive eyewear. At age seven, notes from optometrist Dr. Tanquay, indicate "she showed substantial deficits in the areas of visual-spatial relationships and visual discrimination...was also lacking in verbal memory." Notes from the chart of Dr. Allan Smiy, MD, from 03-24-09 state "focus issues at school and outside of same...takes a lot of concentration to read...always a slow reader...college stress is making her switch letters around a bit...ADHD with possible Dyslexia." A review of written records from the Ohio State University Office of Disability Services dated 08-16-10 endorses a diagnosis of ADHD, inattentive type, 314.00 and recommends additional time for all exams and a distraction-reduced space. A review of written records dated 08-29-90 from the Western Michigan University Homer Stryker MD School of Medicine indicates "you will be allowed up to 1.5X time for completing your write-ups after clinical OSCE's." In addition, written records from the medical school approve the following accommodations for written exams: Kurtzwell 3000, 2X test time, separate room for tests and studying, use of extra scrap paper, plus colored pencils/highlighters, and paper tests when available.

2. In response to Item 4, i.e. "Relevant Assessment Batteries," the results on measures of intellectual ability cited in Item 2 on the report of September 22, 2014 were taken from the WAIS-IV, both standard and supplemental subtests. The results on measures of academic achievement cited in Item 3 on the report of September 22, 2014 were taken from the WIAT.

3. The diagnosis of ADHD, predominantly inattentive, severe, 314.00 is supported by the written records, self-report, and objective test results. There has been a persistent pattern of careless mistakes in daily activities and schoolwork, difficulty sustaining attention in tasks and academics, lapses in focus when spoken to directly, incomplete follow-through on instructions and tasks of daily living, being easily sidetracked, struggling to meet deadlines, trouble keeping materials and belongings in order, avoiding reading and writing tasks requiring sustained mental effort, losing things, and being easily distracted by extraneous stimuli. The symptoms are not better described or indicated by a neurotic or psychotic disorder or substance abuse. There is historical information that suggests a likelihood of dyslexia.

Charles Livingston, M.A.

Licensed Masters Social Worker
Limited Licensed Psychologist


Telephone: 269.226.2623

The Marlborough, Suite 41C
471 W. South Street
Kalamazoo, MI 49007

Page 2—Addendum—J. Ramsay

4. The recommendations of 09-22-14 plus the additional record review clearly show distractibility, difficulties in sequencing, and significantly lowered processing speed (10th percentile rank). Therefore, accommodations that address these features should include but are not limited to 2X testing time in a distraction-free space, extra scrap paper, colored markers, and food to take with prescribed medications during testing. Extra testing time follows from the lowered processing speed. A distraction-free space addresses the marked tendency to be easily sidetracked. Extra scrap paper and colored markers are visual and motor modalities that allow for the full expression of excellent perceptual reasoning (96th percentile). Finally, food with the prescribed medications is simply following the Dr.'s treatment recommendations.

Respectfully,

A handwritten signature in black ink, appearing to read "C. Livingston", followed by the date "9-2-16".

Charles Livingston, M.A.

Charles Livingston, M.A.

Licensed Masters Social Worker
Limited Licensed Psychologist

Disability Services

RESUME

CREDENTIALS	LICENSED MASTERS SOCIAL WORKER #6801065088 LIMITED LICENSED PSYCHOLOGIST #6301005851
EDUCATION	M.A. WESTERN MICHIGAN UNIVERSITY, 1983 B.A. KALAMAZOO COLLEGE/WESTERN MICHIGAN UNIVERSITY, 1972
EXPERIENCE	<p>CLINICAL SOCIAL WORKER/PSYCHOLOGIST</p> <ul style="list-style-type: none"> • Provide psychological evaluations pertaining to attention/learning problems, disability, developmental delays, substance abuse, social maturity, child custody, pre-sentencing, parenting, psychosis, and psychopathology • Provide counseling for children, adolescents, adults, families, and couples • Conduct group therapy, consultations, public presentations, training, and education • Private practitioner 1986-present, public clinic 1983-1986, internship 1982-1983, residential treatment 1972-1973, inpatient psychiatric hospital 1970 and 1983 <p>COLLEGE TEACHING</p> <ul style="list-style-type: none"> • Kalamazoo College: General Psychology, Adolescent Development, Personality Theory; 2006-2010 • Kalamazoo Valley Community College: Introduction to Psychology, Developmental Psychology, Abnormal Psychology, Families in Transition Seminars; 1999-present
MEMBERSHIPS	<p>American Psychological Association, 1987-1998 Western Michigan Psychological Association, 1981-1996 Ethics Chairperson, 1990-1996 Michigan Association of Professional Psychologists, 1998-2000 Omicron Delta Kappa—honorary fraternity for academic excellence Phi Lambda—Kalamazoo College social/service society Michigan Dynamometer Association, 1990-present</p>
VOLUNTEER	Girl Scouts, AYSO Soccer, Chamber of Commerce, Public and Private Schools, Girls on the Run

Charles Livingston, M.A.Licensed Masters Social Worker
Limited Licensed Psychologist**Telephone: 269.226.2623**The Marlborough, Suite 41C
471 W. South Street
Kalamazoo, MI 49007

1107984 5-386-431-4
WAIS-IV Score Report-Eval

WAIS-IV

Record Form

Examinee Name: Jessica Ramsay
 Charles Livingston, MA, LLP, LMSW
 471 W. South St., 41-C
 Kalamazoo, MI 49007
 (269) 226-2623

Examiner Name: Dr. Wassink, Ed.D.
 Under the Supervision of

Year Month Day
 Test Date 12 9 12
 Birth Date [REDACTED]
 Test Age [REDACTED]

Total Raw Score to Scaled Score Conversion

Subtest Scaled Score Profile

Subtest	Raw Score	Scaled Score	Percentile Rank	Full Scale
Block Design <u>Fast</u>	<u>63</u>	<u>16</u>		
Similarities	<u>31</u>	<u>14</u>		
Digit Span <u>5, 4</u>	<u>25</u>	<u>8</u>		
Matrix Reasoning	<u>23</u>	<u>13</u>		
Vocabulary	<u>48</u>	<u>15</u>		
Arithmetic	<u>20</u>	<u>15</u>		
Symbol Search	<u>25</u>	<u>7</u>		
Visual Puzzles				
Information	<u>21</u>	<u>15</u>		
Coding	<u>48</u>	<u>6</u>		
Letter-Number Seq.*	<u>21</u>	<u>10</u>	()	()
Figure Weights*		()	()	()
Comprehension	<u>29</u>	<u>13</u>	()	()
Cancellation*		()	()	()
Picture Completion	<u>20</u>	<u>15</u>	()	()

Sum of Scaled Scores 44 44 22 13

*16-69 only

Verbal Comp. Perc. Reng. Work. Mem. Proc. Speed Full Scale

Sum of Scaled Scores to Composite Score Conversion

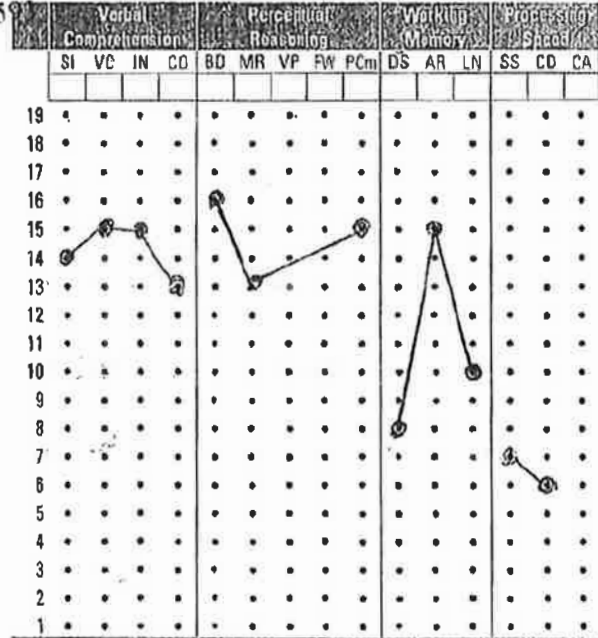
Scale	Sum of Scaled Scores	Composite Score	Percentile Rank	Confidence Interval* 90% or 95%
Verbal Comprehension	<u>44</u>	VCI <u>127</u>	<u>96</u>	
Perceptual Reasoning	<u>44</u>	PRI <u>127</u>	<u>96</u>	
Working Memory	<u>22</u>	WMI <u>105</u>	<u>63</u>	
Processing Speed	<u>13</u>	PSI <u>81</u>	<u>10</u>	
Full Scale		FSIQ		

*SEM used to calculate confidence intervals, refer to Table 4.3 of the Technical and Interpretive Manual.

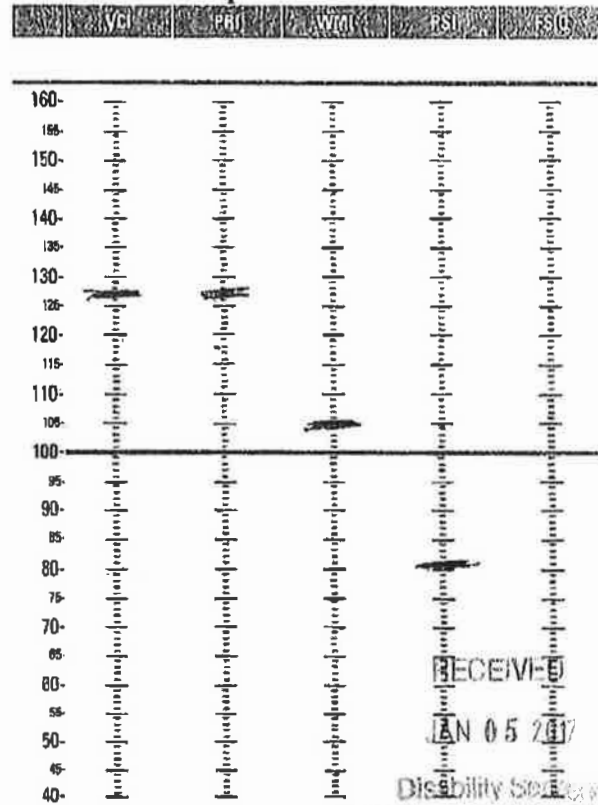
PEARSON

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Product Number 0154980900



Composite Score Profile





Record Form

Summary

Child's Name: Jessica Ramsay Sex: F
 School: n/a Grade: n/a
 Teacher: n/a Examiner: Lingston MA
 Referral Source: Dr. Ziemkowski MD Wessink EdD

	Year	Month	Day
Date Tested	14	09	12
Date of Birth			
Age	24		

Reason for Referral: Academic stresses

Behavioral Observations: Oriented x4, Logical, Coherent, Memory intact

WIAT Subtests

<input checked="" type="checkbox"/> Age <input type="checkbox"/> Grade	Raw Scores	Standard Score	Confidence Interval %	Percentile	Other <input checked="" type="checkbox"/> Equivalent <input type="checkbox"/> NCE
Basic Reading			-		
Mathematics Reasoning			-		
Spelling			-		
Reading Comprehension		134	-	99%	717 ≤ 20
Numerical Operations			-		
Listening Comprehension			-		
Oral Expression			-		
Written Expression			-		

Composites

<input type="checkbox"/> Age <input type="checkbox"/> Grade	Reading	Mathematics	Language	Writing	Total Composite
Sum of Raw Scores					
Standard Score					
Confidence Interval %	-	-	-	-	
Percentile					
Other <input type="checkbox"/> Equivalent <input type="checkbox"/> NCE					

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09-972076

EXHIBIT I



1111197 5-366-431-4
Denial- Step 1 and Step 2

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102

215-590-9500 phone
www.nbme.org

Confidential

March 10, 2017

Jessica L. Ramsay
6862 Tall Oaks Dr., Apt. 3B
Kalamazoo, MI 49009

RE: USMLE Step 1 and 2 CK

USMLE ID#: 5-366-431-4

Dear Ms. Ramsay:

We have thoroughly reviewed all of the documentation provided in support of your request for test accommodations for the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 Clinical Knowledge (CK). We conducted an individualized review of your request in accordance with the guidelines set forth in the amended Americans with Disabilities Act (ADA).

You report the basis of your request to be Attention-Deficit/Hyperactivity Disorder (ADHD) and Dyslexia, diagnosed in 2009, and note a 1997 diagnosis of "migraines." In your personal statement, you report a history of forgetfulness, distractibility, and reading problems that have impacted your ability to learn and complete tasks, particularly in the academic setting. You describe feelings of self-doubt, "impending doom," being "overwhelmed" by small tasks, and state that writing assignments are "pure agony" and "torment." You write that you first sought academic assistance during college after you "could not get above an A-" in a Spanish course and turned in an Honors Organic Chemistry mid-term with blank pages. You state that since receiving accommodation in college, your exam scores have improved and stress levels have decreased. For Step 1, you requested 100% additional test time, a separate testing room, colored dry erase markers, and an alarm/timer, snack, and water in the testing room.

In a January 27, 2000 letter addressed, "To Whom It May Concern," Dr. Mary Alice A. Tanguay, an optometrist, writes that a 1997 examination indicated "substantial deficits in the areas of visual-spatial relationships and visual discrimination" for which you received perceptual skills training in 1998. Reportedly, when you were retested after the training, you "scored above age-level in all categories." In 2000, she writes, "At this time, her comprehension and perceptual skills are excellent. She still has the original vision problem, which may slightly reduce her reading speed." However, Dr. Tanguay does not report administering any measure of reading speed or skill, and no other information was provided about your reading ability.

In a September 2, 2016 document titled, "Addendum or Report of September 22, 2014," Charles Livingston, M.A. provides information about your history and refers to a brief one-page "report" of an evaluation that he conducted on September 22, 2014. He assigns the diagnosis of "ADHD, predominantly inattentive, severe" and in the 2016 letter he recommends several accommodations including "2x testing time" due to your reported "distractibility, difficulties in sequencing, and significantly lowered processing speed (10th percentile)." Although your evaluator places great emphasis on your relatively low performance on the *Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)* Processing Speed Index in 2014, his diagnostic conclusions do not seem to account for your overall academic and cognitive functioning or academic history, and the brief evaluation and report do not sufficiently support the diagnostic conclusions.

As you may know, ADHD is a neurodevelopmental disorder that begins in childhood. Even if not formally diagnosed at a young age, the essential feature of ADHD is a persistent pattern of inattention and/or

hyperactivity-impulsivity that interferes with functioning or development over time and across situations. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, manifestation of the disorder must be present in more than one setting (e.g., home and school, work). It must be documented beyond self-report that symptoms have consistently and pervasively disrupted functioning in multiple behavioral domains. Overall, the documents you provided do not demonstrate a record of chronic and pervasive problems with inattention, impulsivity, behavioral regulation, or distractibility that has substantially impaired your functioning during your development or currently.

Like ADHD, specific learning disorder is a neurodevelopmental disorder that first manifests during early school years and is characterized by persistent and impairing difficulties with learning foundational academic skills. In adults, ongoing difficulties in literacy skills are indicated by cumulative evidence from school reports, evaluated portfolios of work, or previous assessments. Your documentation does not reflect a developmental history of problems with reading or learning that impacted your academic functioning or limited a major life activity, and the information provided by your evaluator, Mr. Livingston, is not indicative of significant impairment in any academic skill area.

Despite your reported history of difficulties, your documentation shows that you progressed through primary and secondary school without grade retention, evaluation, or services and with an academic record and scores on timed standardized tests sufficient to gain admission to college, all without accommodations. With regard to timed standardized testing, your records show that under standard conditions in 2011 you earned an MCAT Total Score of 30M, better than 79% of a highly select group of medical school applicants. Overall, these data do not demonstrate impaired functioning relative to most people or that standard testing conditions are a barrier to your access to the USMLE.

The ADA defines disability as a physical or mental impairment that substantially limits one or more major life activities. Accommodations are intended to provide access to the USMLE testing program for individuals with a documented disability as defined by the ADA. A diagnostic label, in and of itself, does not establish coverage under the ADA, nor does prior receipt of accommodations for a particular activity guarantee that identical accommodations are indicated or will be available in all future settings and circumstances. The ADA covers individuals who are substantially limited in a major life activity. Determination of whether an individual is substantially limited in functioning as compared to most people in the general population is based on assessment of the current impact of the identified impairment.

Your documentation does not demonstrate a substantial limitation in a major life activity as compared to most people or that the requested accommodations are an appropriate modification of your USMLE Step 1 or Step 2 CK test administration. Therefore, after a thorough review of all of your documentation, I must inform you that we are unable to provide you with the requested accommodations.

We will advise Applicant Services to process your exam applications without test accommodations. You may inquire at usmlereg@nbme.org or call Applicant Services directly at (215) 590-9700 with any questions about your scheduling permits. Please note that food and drink are not permitted in the secure testing room. All examinees are assigned a locker at the center in which you may store a snack/beverage and other personal items and access them during authorized break time. Information about personal items that are permitted in the testing rooms for medical needs can be found here: <http://www.usmle.org/test-accommodations/PIEs.html>

Sincerely,



Michelle M. Goldberg, Ph.D.
Manager, Disability Services

EXHIBIT J

USMLE® Request for Test Accommodations

Section A: Exam Information

Place a check next to the examination(s) for which you are **currently registered and** requesting test accommodations: (Check all that apply)

- ☒ Step 1
☐ Step 2 CK (Clinical Knowledge)
☐ Step 2 CS (Clinical Skills)
☐ Step 3*

*Please be aware that additional test time for Step 3 may involve 3 to 5 days of testing, depending on the requested accommodation (See Section C1).

Section B: Biographical Information

Please type or print.

B1. Name: Ramsay Jessica E
 Last First Middle Initial

B2. Gender: ☐ Male ☒ Female

B3. Date of Birth: [REDACTED]

B4. USMLE # 5 - 3 6 6 - 4 3 1 - 4 (required)

B5. Address:

6862 Tall Oaks Dr, Apt 3B

Street

Kalamazoo

MI

49009

City

State/Province

Zip/Postal Code

USA

Country

(269) 932-8214

Preferred Telephone Number

Jessica.Ramsay@med.wmich.edu

E-mail address

B6. Medical School Name: Western Michigan University Homer Stryker M.D. School of Medicine

Country of Medical School: USA

Date of Medical School Graduation: 5/12/19

USMLE® Request for Test Accommodations

Section C: Accommodations Information

C1. Step 1, Step 2 CK, or Step 3 (computer-based examinations)

Check the appropriate box to indicate the accommodations you are requesting. Check **ONLY ONE** box for the exam(s) for which you are currently registered:

STEP 1:**Additional Break Time**

- ☐ Additional break time over 1 day
☐ Additional break time over 2 days

Additional Testing Time

- ☐ 25% Additional test time (Time and 1/4) over 2 days
☐ 50% Additional test time (Time and 1/2) over 2 days
☒ 100% Additional test time (Double time) over 2 days
☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

STEP 2 CK:**Additional Break Time**

- ☐ Additional break time over 2 days

Additional Testing Time

- ☐ 25% Additional test time (Time and 1/4) over 2 days
☐ 50% Additional test time (Time and 1/2) over 2 days
☐ 100% Additional test time (Double time) over 2 days
☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

STEP 3:**Additional Break Time**

- ☐ Additional break time over 4 days

Additional Testing Time

- ☐ 25% Additional test time (Time and 1/4) over 3 days
☐ 50% Additional test time (Time and 1/2) over 4 days
☐ 100% Additional test time (Double time) over 5 days
☐ Additional break time and 50% Additional test time (Time and 1/2) over 4 days

Describe any other accommodation(s) you are requesting for Step 1, Step 2 CK, or Step 3.

Private testing room and additional break time.

C2. **STEP 2 CS (Clinical Skills)**

Review the Step 2 CS Onsite Orientation video and Step 2 CS Content Description and General Information Booklet at www.usmle.org for detailed information about the format and delivery of the Step 2 CS examination.

Describe the accommodations you are requesting for each section of Step 2 CS (i.e., patient encounter, patient note). If you are requesting additional time, state the **amount** of additional time you require in **minutes per encounter or note**.

☐ Patient Encounter: _____

☐ Patient Note: _____

USMLE® Request for Test Accommodations

C3. Do you require wheelchair access at the examination facility? ☐ Yes ☒ No

If yes, please indicate the number of inches required from the bottom of the table to the floor: _____

Section D: Information About Your Impairment

D1. List the specific DSM/ICD diagnostic code(s) and disability for which you are requesting accommodations and report the year that it was first diagnosed.

DIAGNOSTIC CODE	DISABILITY	YEAR DIAGNOSED
ICD-10/DSM-5: F81.0/315.00, F81.81/315.2, F81.9/-	Learning Disabilities of Reading and Writing (with abnormal Scanning and Processing Speed)	2017
ICD-10 F90.2/DSM-5 314.01	ADHD, Combined Type	2009
ICD-10 G43.09	Migraines with aura, without status migranosus	1997
ICD-10 I87.009, D69.8	Clotting disorder with recent deep vein thrombosis and Post-thrombotic syndrome	2016

D2. Personal Statement

- ☞ Attach a signed and dated personal statement describing your impairment(s) and how a major life activity is substantially limited. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limits your current functioning in a major life activity and how the standard examination conditions are insufficient for your needs. In your own words, describe the impact of your disability on your daily life (do not confine your statement to standardized test performance) and provide a rationale for why the specific accommodation(s) you are requesting are necessary in the context of this examination.

Section E: Accommodation History

E1. Standardized Examinations

- ☞ Attach copies of your score report(s) for any previous standardized examination taken.
- ☞ If accommodations were provided, attach official documentation from each testing agency confirming the test accommodations they provided.

List the accommodations received for previous standardized examinations such as college, graduate, or professional school admissions tests and professional licensure or certification examinations (if no accommodations were provided, write NONE).

	DATE(S) ADMINISTERED	ACCOMMODATION(S) PROVIDED
<input checked="" type="checkbox"/> SAT®, ACT®	March 2007, October 2007	None, None
<input checked="" type="checkbox"/> MCAT®	4/11/11	None
<input type="checkbox"/> GRE®		
<input type="checkbox"/> GMAT®		
<input type="checkbox"/> LSAT®	USMLE Step 1 exam 7/20/17	None
<input type="checkbox"/> DAT®	NBME exams: CAS1 12/14/14; CAS2 6/24/15; CAS3 1/4/16; CBSE 4/11/16; IM Shelf 6/24/16; FM Shelf 8/26/16; OB-Gyn Shelf 10/21/16;	Double testing and break time; private testing room; extra laminated scrap paper; colored dry-erase markers; medications, water and granola bar in room (*except for 4/28/17 NBME CBSE,
<input type="checkbox"/> COMLEX®	Peds Shelf 12/22/16; Psych Shelf 3/3/17; formative CBSE 4/28/17	which taken under simulated standard testing time for formative purposes)
<input checked="" type="checkbox"/> Other (specify)		

USMLE® Request for Test Accommodations

E2. Postsecondary Education

List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

- ✎ Attach copies of official records from each school(s) confirming the accommodations they provided.

If you receive/received accommodations in medical school and/or residency, have the appropriate official at your medical school/residency complete and submit the USMLE Certification of Prior Test Accommodations form available at www.usmle.org.

	<u>SCHOOL</u>	<u>ACCOMMODATIONS PROVIDED</u>	<u>DATES PROVIDED</u>
Medical/Graduate/ Professional School	WMU Homer Stryker M.D SOM	2x testing time, private testing room, exams on paper when possible, extra scrap paper/laminated sheets, colored pencils & highlighters/dry-erase markers; water, snack & meds in room (See attached documentation for specifics)	2014 - Present
Undergraduate School	Ohio State University	2x testing time; separate, distraction-reduced testing room; exams on paper when possible; extra scrap paper; colored pencils & highlighters; additional accommodations approved by course instructor (See attached documentation for specifics)	2010 - 2013

E3. Primary and Secondary School

List each school and all formal accommodations you received, and the dates accommodations were provided:

- ✎ Attach copies of official records from each school listed confirming the accommodations they provided.

	<u>SCHOOL</u>	<u>ACCOMMODATIONS PROVIDED</u>	<u>DATES PROVIDED</u>
High School			
Middle School			
Elementary School			

USMLE® Request for Test Accommodations

Section F: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information, if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): Jessica Ramsay

Signature: Jessica Ramsay

Date: 06/06/2018

E-mail (as a pdf), fax or mail your completed request form and supporting documents to the address below at the same time you submit your Step examination application.

**Disability Services
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3190
Telephone: (215) 590-9700
Facsimile: (215) 590-9422
E-mail: disabilityservices@nbme.org**

June 6, 2018

USMLE# 5-366-431-4

Jessica Ramsay

Included Supportive Documentation for Accommodations Request for USMLE Step 1

Document
USMLE Request for Test Accommodations form
Personal Statement
Letter of Support from Larry Berger
Consult Report and Neurocognitive Evaluation Results & Summary from Dr. Lewandowski
Clinical Summary from Dr. Ruekberg
Clinical Summary from Dr. Houtman
WMed USMLE Certification of Prior Test Accommodation Form
WMed Essential Abilities Committee – Approvals for Reasonable Accommodations 2014-2017
WMed Letter of Support for NBME Accommodations
USMLE Step 1 Score Report
NBME Score reports for CBSE and Shelf Exams administered at WMed
Accommodations provided: double testing and break time; private testing room; extra laminated scrap paper; colored dry-erase markers; medications, water and granola bar in room
12/14/2014 NBME CAS1
06/24/2015 NBME CAS2
01/04/2016 NBME CAS3
04/11/2016 NBME CBSE
06/24/2016 NBME Medicine Shelf
08/26/2016 NBME Modular Family Medicine Core Shelf
10/21/2016 NBME Obstetrics and Gynecology Shelf
12/22/2016 NBME Pediatrics Shelf
03/03/2017 NBME Psychiatry Shelf
04/27/2017 NBME Surgery Shelf
Accommodations provided: private testing room; extra laminated scrap paper; colored dry-erase markers; medications, water and granola bar in room
04/28/2017 NBME CBSE (Formative)
MCAT Score Report (30M)
OSU ODS ADHD Verification Form (completed by Dr. Smiy in 2010)
OSU ODS Access Plan

EXHIBIT K

June 6, 2018

USMLE# 5-366-431-4

Jessica Ramsay

Personal Statement

I am submitting this Personal Statement to describe the functional impairments and symptoms I experience as a result of my learning disabilities, Attention Deficit/Hyperactivity Disorder, migraines, and residual symptoms from my deep vein thrombosis. These symptoms make it impossible for me to fully read and answer all of the questions on an equal basis with non-disabled students under the standard testing conditions. The accommodations that I am requesting are:

- 100% additional exam time (double time)
- Extra break time
- a private, distraction-reduced testing room

* * *

There are many tasks in everyday life that require scanning, reading, writing, information processing, recall, and organization, which the average person does effectively and efficiently. Because of my disabilities, I am unable to do these important tasks with normal effectivity or efficiency, or sometimes even at all. These disabilities also interfere with my ability to learn, remember, recall, and express information efficiently and effectively. In order to perform any of these functions, I must spend much more time and energy every day than most people need to. Furthermore, the additional time and energy spent on these tasks takes away from the time, energy, and focus needed to manage other important life responsibilities like cooking, eating, cleaning, paying bills, running errands, doing laundry, sleeping, and self-care.

In addition, the methods I have developed over time in order to be able to read, study and manage my disabilities are only effective if I have an appropriate space and the necessary time. Let me explain.

- I have always struggled with flipping, merging, and tangling letters, characters, and words both when reading and writing. I also have trouble distinguishing between words and characters that have similar shapes – characters such as qbdp, 96, wurm, JL, SE, gy, ssae, 4A, and words like united/untied, serves/verses/reverse/server/severe/reserve, quite/quiet, from/form, reared/reread, and though/thought/through/trough/tough – so it takes me a long time to isolate and correctly identify them. Sometimes I am unable to tell them apart without help from others or use of supportive tools. These tasks are progressively more difficult with stylized fonts, handwriting, and cursive – *mmmmmmmm, qqgy, ddbbb* – which I usually need someone else to read to me because I cannot read it on my own. This interferes with my ability to do many common, everyday tasks like reading handwritten instructions, phone numbers, reminders, or feedback on an assignment, and sometimes cannot even read something I wrote myself, like reminders or class notes.
- In order to read anything, especially technical material like the material on the USMLE Step 1 test, I must spend a lot of time and effort to untangle the words and decode each one, identifying their individual meanings. Then I must piece them together in the correct sequence, building them up to get the meaning of the text as a whole. This process requires me to reread text multiple times before I can fully comprehend what I am reading. Usually, I also need to read the text aloud, or have it read to me by a person or computer program, to help me

June 6, 2018

USMLE# 5-366-431-4

Jessica Ramsay

interpret the words within the context of the sentence, and then within the paragraph. Hearing the words aloud also helps me to avoid making as many mistakes overall because, when I hear something that sounds out of place, I can backtrack and try again. Though this process is very slow and tedious, it makes it possible for me to read with adequate comprehension. Additionally, there are times when I also need to physically act out or demonstrate what I am reading so that I can make sense of the information. This technique is helpful for working through information but requires adequate time and an appropriate space for me to be able to physically move around in a way that is not possible in a shared testing room without disturbing other examinees.

- When I need to read but do not have adequate time or support to properly untangle and work through the words or process the information, I miss important details, or even large chunks of information, and misinterpret the message. This leads to many, and often crucial, misunderstandings and communication errors that can have negative impacts on the personal, social, academic and professional aspects of my life, the severity of each varying depending on the situation. For example, calling someone Ashley when their name tag says Ainsley can appear careless, or even rude, leading to a bad first impression, or even loss of a potential job offer. Misreading instructions and messages, subsequently causing me to pass along an incorrect message or to unintentionally fail to follow directions, has gotten me in trouble at home, with friends, and sometimes even at work. In restaurants, it takes me a long time to read the menu, so I hold everyone up when they are ready to order. When movies and shows have subtitles, they are not on the screen long enough for me to be able to read them, so I either need someone to read the captions to me or I have to pause the movie with every line so that I can give myself adequate time to read each line, which really annoys other viewers. When I do not have someone to read the captions to me, or the option to pause so I can read, I completely miss what is going on.
- When I need to read for complete understanding and learning, I mark up the text by drawing and writing directly on the page with colored pens, pencils, and highlighters. When I am not able to use colors to draw and write directly on the exam, such as for computerized exams including USMLE Step 1, I must rely on a combination of other methods, though this is generally less effective. The following are some examples of these methods:
 - Drawing and writing on scrap paper, which is less effective because I have to go back and forth between the text and scrap paper, causing me to more frequently lose my place and make mistakes. It is also much less efficient because it takes much more time to go back and forth between text and scrap paper than it does to mark directly on the text, and I require more time to check for and correct my mistakes;
 - Reading and thinking aloud which allows me to hear the words as I read to better comprehend and process the information and, importantly, to better recognize when I have made sequencing errors. This method requires a private environment so as not to interrupt other test-takers when I am talking;
 - Physically acting out or demonstrating what I am reading. This helps me to make sense of the information I am reading but requires adequate time to work through the information. Without a private room in which I can read aloud and move about the room, I will be a hindrance and distraction to other test takers.

June 6, 2018

USMLE# 5-366-431-4

Jessica Ramsay

My learning disabilities also impair my ability to effectively and efficiently express information through writing due to the switching, merging, and tangling of letters, characters, and words, similar to that which I experience while reading. Because this is a request for accommodations for Step 1, I will not describe my difficulty with writing in as much detail, but it will be relevant when I apply for accommodations for Step 2 CS.

Because reading and writing are such tedious and draining processes for me, I avoid both as much as possible. I was able to do this strategically for some prior standardized tests like the ACT and MCAT because the tests were designed so that many of the questions could be answered without reading the whole question. For the ACT, I was not able to read all of the questions and could not accurately demonstrate my knowledge. Additionally, due to the guessing penalty, I had to leave the questions I was not able to read unanswered. However, because most of the questions required little reading to find the answers, I was able to answer enough questions to achieve an acceptable score. Likewise, for the MCAT, many of the questions could be answered without reading and gathering information from the passages, so I knew to answer passage-independent questions first, and then used any time left to try to read the passages with the most unanswered questions remaining. Being able to skip much of the reading made it possible for me to correctly answer enough questions to achieve an acceptable score.

The NBME and USMLE exams are different from the standardized exams I took before medical school. For these exams, I must read the entire prompt for each of the questions in order to gather all of the information necessary to correctly decide on an answer. This requires far more reading than either the ACT or the MCAT did. To have the same opportunity as the other students taking this exam to read and gather the necessary information from each prompt, I need the accommodations that I am requesting.

In other non-testing situations, I can use videos, pictures, diagrams, interactive models, physical demonstrations, dictation, audio books, conversations, context clues, lectures, and many other sources in addition to, or even in place of, reading and writing. These sources format information in a way that I can understand, process, remember, and use more effectively and efficiently, making it easier for me to process, learn, study, communicate, and demonstrate information. When I am required to read or write without the option or opportunity to use these other formats, I require much more time and support than most people, and I am not able to understand, learn, study, memorize, or communicate information, nor demonstrate my knowledge and competency as effectively.

* * *

In addition to ADHD, learning disabilities, and migraines, I also had a deep vein thrombosis (DVT) the full length of my leg in 2016 and was later diagnosed with a clotting disorder (See letter from Jennifer Houtman, M.D.). The DVT damaged the circulation in my legs, causing post-thrombotic syndrome, meaning that sitting or standing still for long periods causes my legs to swell and become painful, which adds to my inability to focus. During my Step 1 attempt, having to sit still for long periods without a private environment to briefly move or walk around as necessary to maintain circulation during the exam blocks caused my leg to swell and become painful, further distracting me from the exam. During the breaks, I did not have enough time to sufficiently walk around to reduce the swelling and pain that had built up during the exam. Because of my clotting disorder and DVT, I must take frequent breaks throughout the day, and briefly during the exam blocks, to move and walk around in order to maintain adequate circulation in my legs, reduce swelling and pain, and decrease the risk of forming another DVT as a result of my clotting disorder.

ADHD inhibits my ability to focus or maintain attention, especially for extended periods, and causes me to be very easily distracted by sounds, movement, and flashes of light, as well as my own thoughts and sensations, like hunger, restlessness, pain, and temperature. These distractions pull my focus away from my current

June 6, 2018

USMLE# 5-366-431-4

Jessica Ramsay

thought or task. As a result, ADHD impairs my ability to do anything that requires sustained mental effort, such as thinking, maintaining conversation, remembering obligations and assignments, getting organized, staying on track, and completing tasks and projects.

I am unable to keep track of things because I set them down and forget where I put them, which is especially problematic when I am outside my home, and with important things like my, wallet, keys, assignments, phone, and legal documents. In addition to distractibility and inattention, ADHD also causes me to be impulsive, which makes it difficult to wait my turn, especially in conversations. As a result, I unintentionally interrupt others, or blurt out my thoughts before fully thinking them through or appropriately filtering them for the situation.

The restlessness, distractibility, and inability to focus caused by my ADHD exacerbate the effects of my learning disabilities, further impairing my ability to scan, read, write, learn and process information.

My inattention, distractibility, and impulsivity make it very difficult to focus on just one idea at a time, causing me to jump quickly from one thought to another, which makes it difficult to maintain my train of thought. This frequently causes me to forget things I need to do, forget steps in a process, forget what someone just told me, and forget what I am saying when I am talking. My inattention, distractibility, and impulsivity also cause me to be unable to organize my thoughts without the adequate time or the tools I need. This is especially true for things like telling stories or writing essays and clinical notes, which must be logically presented to others.

For exams, getting lost in my thought process causes me to lose track of what the question is really asking so that I end up working only part way to or even past the answer the question was actually asking for. Many times, on multiple choice exams, the answer that I come up with is often one of the incorrect options. Without adequate time to reread the question and double check that the answer I select fits what the question is really asking, I am unable to effectively answer questions even when I correctly understand the material.

Also due to my ADHD, I constantly need to be moving around or doing something. I have always had an extremely difficult time sitting still, especially for extended periods. When I am expected or required to sit for prolonged periods, I become very restless and start shifting around in my seat, fidgeting, and doodling on my papers, which can be disruptive to others around me and has gotten me in trouble in school. Not being able to sit still for extended periods interferes with my ability to study and work on assignments, maintain professional behavior at work, and complete tasks or even watch shows to relax at home. Being able to take frequent breaks with adequate time to rest my mind while stretching and walking around helps me manage my restlessness and recharge so I have the energy focus and try to sit still when I get back to the task at hand.

I also need frequent breaks with adequate time to give my mind a rest from straining to focus and read. If I do not have adequate opportunities or time to do this, I become overly fatigued, which exacerbates the symptoms I experience related to my learning disorders and ADHD. Taking frequent breaks to give my mind a chance to rest allows me to recover before the next block so that I have the energy I need to be able to focus, read, process and remember information, and demonstrate my knowledge.

Additional break time will also help me with avoiding migraine symptoms. When I get migraines, the associated blind spots affect my ability to see and therefore to read. The headache itself, along with the associated nausea and hypersensitivity to light, sound, and temperature make it impossible for me to focus, which interferes with my ability to read, think, process, and answer questions. Because my migraines are triggered by excessive fatigue from trying to focus, read, and process the questions, having frequent breaks with adequate time to recuperate between blocks reduces the likelihood that I will get a migraine during the exam.

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During my first Step 1 attempt, the standard break time allowed did not provide enough time after basic needs had been addressed for my mind to adequately recover between blocks. As a result, the effort needed to focus on the exam and suppress urges to move over the course of the exam cause me to become fatigued, triggering a migraine. I began experiencing aura symptoms during the 6th block, disrupting my focus and interfering with my ability see, read, and think, and had to wait until the block was over to use the remaining break time to retrieve and take my medications. Having to wait almost a full hour after experiencing aura symptoms before I could take the abortive medications, the aura developed into a full migraine during the 7th block, which further impaired my ability to concentrate, see, read, and think.

If I start experiencing migraine aura symptoms, I need to take medications right away to avoid getting a full migraine. The process of retrieving and taking medications during my breaks takes away from the time I need to manage my restlessness and get re-energized and refocused before the next block (See letter from Jennifer Houtman, M.D.).

Additionally, during breaks, I also need adequate time to stretch, move, and walk around to reduce the restlessness and leg swelling and pain I experience during the exam. Having adequate time to address these symptoms helps me get refocused before starting next block.

The standard exam space is a problem in many ways. When in the room, examinees are required to remain seated and to refrain from activities that might distract other test-takers, such as moving, tapping, or talking. In order to abide by these rules and respect the other examinees in the shared testing space, I cannot use the supportive tools and methods I require to effectively read or interpret the questions because I am not allowed to read or think aloud or briefly step away from my computer in order to make sense of question.

Sharing the space with other test-takers also significantly increases the distractions I experience during my exam, further impairing my ability to focus. If I cannot focus, I cannot read, process or recall information, nor organize my thoughts effectively. As expected, this is what I experienced during my first Step 1 attempt. Additionally, throughout several blocks, many people in the room were required to type for their exam and were typing so furiously that my desk was shaking, which completely inhibited me from being able to focus on my exam or read the questions. I could not understand the words on the screen and I could not think through anything. The effort I spent trying to focus and read during this time caused me to fatigue even more, contributing to the migraine I developed in the last two blocks.

Also, to avoid disrupting other test-takers in the standard shared testing space, I must continuously suppress the urges to get up, move around, and fidget, which greatly increases the restlessness, stress, and fatigue I experience during the exam. Additionally, while sharing a testing space, I cannot adequately manage the restlessness, swelling or pain caused by sitting for long periods because I am not allowed to briefly stand up to move, stretch, or walk around.

Additional break time, and a private room, will be helpful, but not enough, unless I also have extended testing time. As I have explained, I am easily distractible and have learning difficulties that cause me to be a very slow reader, with slow processing speed and inefficient thinking, compared to the average person. I require additional time and tools to be able to untangle and process words, effectively interpret and understand what I am reading, to organize my thoughts and information, and get back on track after distractions.

During my first Step 1 attempt, like my previous unaccommodated testing experiences, I did not have enough time to read all of the questions and, in the last minute of each block, was forced to blindly select answer choices for a significant number of un-read questions. Additionally, because I was rushed to get through as many questions as possible during the allowed time for each block, I did not have enough time to thoroughly

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analyze and process many of the questions, or to organize my thoughts before having to select an answer. Since I cannot mark directly on the exam, I more frequently lose my place, misinterpret the question, and forget or misunderstand what the question is really asking. For example, If I misread a question as 'which thing is expected to DEcrease due to a disease process,' when the question is actually asking 'which thing is expected to INcrease,' I will get the question wrong even though I understand how the disease process works. To be able to effectively read and understand the questions, I need to have sufficient time to untangle and process the words, to use supportive methods, and to re-read questions. When I am reading and thinking aloud, I need to have sufficient time and a private environment so that I am not a disruption and hindrance to other test-takers.

Double exam time gives me the opportunity to use the methods and supports I require to effectively read through each question while compensating for effects of my learning disabilities. I need this time to ensure I have the opportunity to read, understand, and gather information from each question; to apply my knowledge and preparation to process the information and decide on an answer choice; and to distinguish between answer choices so I can select the appropriate answer choice for my intended answer.

Double exam time also gives me adequate time to get refocused after getting distracted and to manage the additional symptoms caused by ADHD and post-thrombotic syndrome. Without this time, these symptoms interfere with my ability to focus, and taking time to appropriately address them takes time away from the time I need to read and process the questions.

* * *

My learning disabilities, ADHD and migraines affect all aspects of my life, and I have been struggling with them since I was little. Since beginning school, I have always had a lot of trouble sitting still and focusing, which interferes with my ability to pay attention in class, study, and complete homework, class assignments, papers, and exams, especially under timed conditions. My distractibility, lack of focus, and difficulty with letter reversals and tangled words causes me to make a lot of mistakes that would have been avoidable for most people. This has always been extremely frustrating because I would understand the material and would put a lot of effort into my work but would still miss tons of points for "careless" mistakes. Additionally, it has always taken me significantly more time and effort than everyone else to read, write, and process the information, so that I rarely have time or energy for anything else. In time-limited situations, like exams, I almost never have the opportunity to completely and accurately demonstrate my knowledge or hard work because I do not have enough time or access to the supports I need to adequately read, process, and answer each of the questions.

Growing up, my friends would always get mad at me for not being able to hang out in the evenings because they did not believe that I was still doing homework when they had already been done for hours. They always seemed to have so much free time when I was constantly up past midnight trying to finish my homework. In middle and high school, my mom would get frustrated when I was trying to write a paper because it would take me FOREVER and we only had one computer in the house, and she would always have to help me proof-read my work, many times at three or four in the morning. Because I am such a slow reader, whenever I had to read something online, it would take me so long that I would get yelled at for tying up the phone line (we had dial-up service at that time).

Prior to college, my parents and teachers never pursued evaluation for learning disabilities or ADHD because I worked hard and was able to mask my mistakes at school. After using my energy to concentrate on these tasks, I was always mentally exhausted at the end of the day. At home, having two brothers who have autism and multiple other special needs created an inaccurate comparative illusion that I could pay attention, sit still,

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read, process, study, organize, and write normally. But the reality was that I was spending a very abnormal and excessive amount of time and effort to perform or work around these functions every day.

In 2nd grade, my teacher did notice that I still had trouble with letter and number "reversals" and distinguishing between similar-appearing characters and words when reading and writing. She began providing informal accommodations which included putting me at an isolated desk in a cubicle in the corner of the room to help reduce distractions, gave me extra time to complete classwork, and provided an alphabet chart to help me keep my letters straight for reading, writing, and spelling assignments.

After I was trialed on glasses, which did not help, I was referred to a therapeutic optometrist, Dr. Mary Alice Tanguay, to be evaluated for my "reversals." She identified my "substantial deficits in the areas of visual-spatial relationships and visual discrimination." In 1998, Dr. Tanguay provided visual perceptual skills training. This training did not eliminate my difficulty with character reversals, tangling, identification or discrimination, nor with spelling or reading speed. The training only helped me to develop some skills that I still use to work around the effects caused by my now formally diagnosed learning disabilities, which accounts for the improvements in the measured visual perceptual skills Dr. Tanguay mentions in her 2000 summary letter. Importantly, Dr. Tanguay also noted that even with these improved skills, I would likely always be a slow reader. Other than this visual testing, I was not evaluated for learning disabilities until 2009, and so did not receive any other formal aid or accommodation.

The effort required for me to focus and to suppress impulses so that I could sit still, pay attention in class, and avoid interrupting people has caused me to get frequent headaches since I started going to school. In third grade, when reading and writing became more prevalent, the added effort from trying to read and write for prolonged periods in addition to concentrating and sitting still started causing me to have daily migraines. Because the associated blind spots, nausea, and hypersensitivity to light, sound and temperature inhibited my ability to participate in school, I was given prophylactic treatment for about a year until the frequency of migraines decreased. When I started medical school, the increased time and effort required for me to meet expectations and complete requirements caused me to again have daily migraines requiring prophylactic treatment.

Throughout my academic career, I have required informal accommodations in order to complete and pass assignments and exams so that I could advance through school. Timed tests have been my downfall in all of my classes, because I do not have time to read and process the questions, or accurately demonstrate my knowledge and preparation, which makes me look unprepared and feel incredibly stupid. I distinctly remember a timed, multiple-choice test in 5th grade, on which we had to get at least 30 out of 60 questions right. All but one other person finished early. I was the only person to answer less than 30 questions. I had only been able to get through 29 of them and was working on the 30th when time ran out. I went home crying because I felt stupid and slow. I told my mom that I *knew* how to do all the questions, but I just did not have enough *time*. Eventually, they made informal accommodations for me by grading the work I had shown for the 30th question, which was correct and allowed me to achieve the minimum passing score. Similar situations have occurred all throughout my schooling, even several times since I began receiving formal accommodations in college.

My learning disabilities have caused me to struggle with words, making me a slow reader and writer. This is especially problematic in time-limited situations. Since the beginning of my academic career, I have almost never been able to finish assigned readings for any class by the time they were due, even when I would stay up til 3 or 4 in the morning trying to finish. If I wasn't up late trying to read, I was up late trying to write an essay. Many times, I had to pull several all-nighters in a row to get a paper done in time. For *anything* written, not just exams or papers, the process of writing is pure agony for me. Even though I know I can turn out a

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decent final product, the struggle to get there – keeping track of and organizing my thoughts, translating them into words, finding the *right* words to convey the intended meaning, trying to get it all typed out before I forget how I worded it, and then working to get the jumbled mess of words on the paper into a logical, cohesive order, all while on constant lookout for dyslexic errors unnoticed by spell-check – is extremely frustrating and draining, and many times triggers migraines. For these reasons, I have always loathed reading and writing; they are agonizing battles of trying to decipher words and express and organize thoughts on a page, so I avoid doing either when possible.

* * *

During my undergraduate studies at Ohio State University, the demands of school, work and life finally began outweighing my ability to self-accommodate, requiring more time and energy than I had. I was having even more trouble focusing throughout the day. I would repeatedly misplace things and lose track of assignments. I was no longer able to catch and correct the numerous errors I made – like circling “b” instead of “d”; missing the crucial “*not*” or “*least* likely” and ending up with the exact opposite answer; or altogether misunderstanding a question because I mixed up some of the words. I was even having trouble speaking, mixing the beginnings or ends of neighboring words, or just not being able to find the right words at all, which happens much more often when I am fatigued. For many of the tasks, I knew the steps needed to accomplish each task and that I was capable of doing each step, but never had enough time to do them, even if I planned ahead. Despite making a valiant effort, I could not organize everything going on and would often miss a crucial step. It took so much time to do these things that I didn’t have any time left to spend on other important tasks, like paying bills, cooking, cleaning, or activities to maintain my physical, emotional and social well-being.

In 2009, at the suggestion of a professor, I sought help from my primary care physician, Dr. Allen Smiy, who diagnosed me with ADD, inattentive type, for which he began medical management. Before this, I did not associate my restlessness and constant need to be moving with being *hyperactive* – I just thought I was *active*. Dr. Smiy also clinically diagnosed me with dyslexia but did not recommend further work-up because it would not have changed the treatment.

A few months later, I registered with OSU’s Office of Disability Services (ODS) and began receiving formal accommodations in 2010, which included the following:

- Priority class scheduling
- Access to an assigned ODS advisor
- 50% additional testing time, a distraction-reduced testing space, and ear plugs for all quizzes and tests
- Any supportive materials that were recommended or approved by my professors, such as extra scrap paper, colored pencils, highlighters, chemistry model kit, or a note sheet.

Once I started receiving accommodations, I was able to perform better on my exams because I had more time to read, write, and work through questions. Though, even with the extra time and reduced distractions, I still had to rush to try to finish the tests. On exams with essays or questions with lengthy prompts, which require a lot of writing and reading, I still ran out of time before I could finish.

In medical school, I received more accommodations to meet the increased curricular demands. Most notably, I was granted 100% additional testing time, unlimited free printing, and Kurzweil 3000 text-to-speech software.

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I have had to adjust my requests, or make new ones, as I've encountered new situations in the classroom and the clinic. For example, during my 2nd year, I struggled to complete simple subjective/objective encounter notes for our OSCE assessments within the 10-minute limit, so was granted 50% additional time for the note-writing. When we started doing Step 2 CS-style encounters and notes for our clerkship OSCEs, I struggled to complete the added writing requirements in 15 minutes, so was granted 20 minutes, with an additional 2 minutes at the beginning of the encounter so that I had enough time to read the encounter prompt and instructions.

The effects that ADHD and learning disabilities have on my life are most quantifiable when assessing my academic performance, but they do not just affect school; for me, they are a 24/7 thing. Growing up, I constantly got in trouble for "being lazy" or "ignoring" directions – failing to do simple things like hanging my jacket in the closet rather than on the back of a kitchen chair, pushing my chair in when I got up from the table, making my bed, or putting things completely away – because no matter how many times my mom asked or what I tried to make myself remember, I always got distracted halfway through, forgot what I was doing and moved on to something else.

Since being diagnosed in 2009, I have gotten better at recognizing my hyperactive and inattentive trend, which has expanded and become more apparent as I have taken on more responsibility as an adult and medical student. I have learned the hard way that it is necessary for me to spend more effort to create reminders, backup reminders, and backup-backup reminders to avoid the negative domino-effects from making repetitive and perpetual "careless" mistakes, such as: forgetting appointments, forgetting to bring things that I need (like my wallet, phone, or paperwork), and losing track of time. However, even with the extra efforts to manage these effects, they are still apparent. For example, I still struggle with impulsively blurting things out without thinking, sometimes interrupting or offending others, and must actively try not to. I still have difficulty getting and staying organized, which is obvious with my cluttered apartment. I still mis-schedule and forget social, work, and academic obligations. I start tasks and projects, get distracted, and leave them unfinished. For example, I frequently forget that I started laundry and will then leave wet clothes in the washer for days before realizing it.

Already struggling to manage my life and having to surrender *much* more time and effort to studying and completing assignments, the learning disabilities intrinsically add a disproportionate number of hoops for me to jump through, such as:

- Remembering to request a new prescription every 30 days so that I can fill it before I run out.
- Taking off from school so that I can have medication checks every three to six months.
- Requesting academic accommodations, which is never a simple process – I have to track down old documentation and get new evaluations, and torture myself with writing support for each request.
- Keeping track of documentation and paying bills for each of these extra things.

These things may seem simple, but the pure nature of the disabilities I struggle with makes managing just one of these tasks, not to mention ALL of them, more difficult and time-consuming than for the average person. Every minute I spend keeping my disability affairs in order is time taken away from family, friends, recreational activities, self-maintenance, sleep and studying.

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For me, managing my life is like having a large bag of balls dropped from the ceiling, all at once, and being expected to not let a single one hit the ground. It is impossible without help. Finally being diagnosed and receiving treatment was like being given a shopping cart to catch more balls in, and receiving academic accommodations, a second shopping cart. Sometimes my friends and family help out – each catching a few more – by reminding me about upcoming deadlines and being patient and understanding when I jump from one thought to the next without finishing the previous one, or when I have to ask what we were just talking about after losing track mid-sentence.

I wish I did not need more time or accommodations, just like I wish I did not have to sacrifice the things I enjoy to make time for things I dread, but I do. In the context of the USMLE Step exams, without appropriate accommodations, I will not have the opportunity to get through as many questions or as much content as everyone else taking the tests, and I will not be able to accurately demonstrate all that I have learned thus far.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Ramsay".

Jessica Ramsay, 06/06/18

EXHIBIT L



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Neurocognitive Consultati

Neuropsychology Associates

Neuropsychology - Psychiatry - Clinical Psychology
4328 West Michigan, Kalamazoo, Michigan 49006 • 376-2222 • Fax: 376-8292

Alan Lewandowski, PHD, FACPN
Board Certified in Neuropsychology
Morris Edwards, PHD
Certified in Biofeedback
JoLynn Cole, MA
Psychotherapist

Helene Pilnick, PHD
Pediatric Neuropsychology
Michael Lyons, PHD
Clinical Psychology
Fenimore Johnson, PHD
Applied Behavior Analysis

Kevin Kunzer, MD
Psychiatry
Bangalore Ramesh, MD
Psychiatry
Katelyn Briggs, MA
Psychotherapist

NEUROCOGNITIVE CONSULTATION

PATIENT NAME: Jessica Ramsay

DOB: [REDACTED]

DATE: 10/25/17

REFERRING: Self

CONSULTING: A. Lewandowski, PHD, FACPN

REASON FOR STUDY

Jessica Ramsay is a 27-year-old right-handed female with mixed dominance who presents for neurocognitive diagnostic study pursuant to academic difficulties of undetermined etiology and uncertain severity. She is accompanied today by her mother, Jerri Shold, who assists with her history. The patient's primary care up to age 19 has been Dr. Alan Smiy in St. Joe, Michigan. More recently, the patient's primary care has been provided by Dr. Jennifer Houtman. She reports, "I've had accommodations since I was an undergrad. I hate reading. I haven't bought a textbook since undergrad."

HISTORY OF PRESENT ILLNESS

The patient describes a chronic academic disability without progressive pattern for a number of years that has compromised her ability for educational success. She describes a history of ADD for which she was able to self-accommodate for many years, and reports being evaluated for ADD and dyslexia in 2014 by a therapist (credentials unknown). Given the patient's description of the evaluation, this counselor administered an intellectual and achievement assessment, but is uncertain whether a complete examination was conducted or if an abbreviated and prorated approach was taken. As a result, she reports she was provided accommodations throughout medical school but was denied accommodations for the United States Medical License Examination (USMLE), Step 1. The patient presents today requesting a more comprehensive assessment in order to obtain accommodations similar to that which she was allowed throughout medical school. "I want accommodations so I can keep going. I figure the best way is to get the paperwork done properly." The patient describes herself as having a "unique learning style." She describes that throughout medical school she watched videos and attended lectures and when taking notes uses multiple colored pencils to code information in order to enhance her learning and recall. She provides an example of some notebooks this afternoon. The patient reports she has a history of "reversing my numbers," and her mother describes that as a child she had difficulty differentiating between (lowercase) b, d, p, and q. "I can't remember the name of an enzyme, but I can remember the concepts and what to do with it." In addition, the patient describes word-finding problems that exacerbate her inefficient learning and recall. With regard to the patient's attention and overactivity, she reports, "I can't stop moving. I always have to be doing something." In the past, she was prescribed Adderall and notes, "It works when I remember to take it. I can tell when the first dose is wearing off."

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SOCIAL HISTORY

General. Born and reared in Texas by both parents and moved to Michigan as a 10-year-old. Her father is a 56-year-old in sales who has a BA degree and no reported history of ADD or LD. Her mother is a 67-year-old who is a retired art educator with an MA in art education and a history of dyslexia and ADHD. The patient has two adopted brothers, one who is 22 years old and is diagnosed with Asperger's that works at an Applebee's and a 19-year-old who lives at home and suffers from Prader-Willi syndrome and ASD.

Family and Marital. The patient is single, has never been married, and lives with her fiancé for the past two years in an apartment in Kalamazoo.

Education. The patient completed public high school in St. Joe, Michigan with a 3.8 GPA and an ACT score between 27 and 30 (unable to recall). She reports that she was never diagnosed with ADD in high school, but her mother reports her inattention symptoms were observed as early as a second grader. She describes that her daughter's intellectual abilities allowed her to self-accommodate and thus additional services/specialized services were not necessarily required. The patient completed a BS from Ohio State University with a 3.65 GPA majoring in genetics with minors in business and dance.

Employment. The patient is currently a her third year half-time student at WMU Homer Stryker School of Medicine.

Military. None.

Legal. None.

Avocational. Sports, art, painting (acrylics), drawing, ceramics, camping, reading, papermaking.

MEDICAL

Records. No medical records were available to review at the time of this consultation.

Psychologic. The patient's mother reports that as a three- or four-year-old, she had some type of academic or behavioral testing. Her mother doesn't recall the credentials of the individual who administered the tests, what was administered, or for what reason the tests were administered. The patient reports consultation with a counselor 3+ years ago who provided an abbreviated intellectual and achievement examination approximately. In addition, the patient has seen a counseling psychologist, Dr. Mary Wassink with a very positive outcome.

Developmental. The patient's mother reports a normal pregnancy and delivery with no complications or fetal distress. She reports that her daughter achieved all neurodevelopmental milestones at age-appropriate intervals. She had no past SLP, OT, PT or audiologic assistance. She played soccer as a child and adolescent and estimates she may have had two past possible concussions complicated by very brief PTA, but she does not recall any type hospitalization.

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General Review of Systems. The patient's general medical history is best known to her and her mother, and her primary care who is Dr. Jennifer Houtman. For the completeness of this report, the patient describes a history of sinusitis, frequent stress-associated hives, occasional palpitations induced by stress, exercise-induced asthma, lactose intolerance, past fracture of her ankle, anemia, Factor V Leiden. She had a past DVT diagnosed in the ED and was prescribed rivaroxaban. She reports no history of CNS disease, insult or injury as a young adult. She reports a history of migraine headache for the past 20+ years, occurring as often as a weekly or daily basis, complicated by photosensitivity, hyperacusis, nausea but not necessarily emesis. The patient reports an aura by way of visual blind spots. In addition to the above minor and insignificant concussions, the patient reports she had viral meningitis diagnosed as 20-year-old student at OSU and was hospitalized for one day.

Neurodiagnostics. The patient has had MR as a study volunteer, and she reports findings were normal.

Surgeries. T&A, wisdom teeth, root canal.

Allergies. NKDA. The patient reports some difficulties with the use of loratadine by way of decreased hearing acuity.

Medications. Adderall, BuSpar, Xarelto, metoprolol, Ambien p.r.n., Xanax p.r.n., tramadol.

Risk Factors. Occasional and social use of alcohol with no history of overuse.

CLINICAL EXAMINATION

Appearance. Upon examination this afternoon, the patient presents as a normally developed young adult female who presents in mild distress. Head is normocephalic and atraumatic. Eyes are symmetrical and EOMs are intact. She is well groomed and casually dressed and appears her stated age with long dark blond/brown hair and brown/hazel eyes. She is approximately 5'8" and weighs 115 lbs., has relaxed posture throughout the examination, and her facial expression is responsive with normal variability.

Behavior. Eye contact is normal and maintained throughout the examination. The patient's station is steady and her gait is normal for tandem heel-to-toe walk. Upper extremity general motor movements for fine and gross actions are normal for age and bilaterally coordinated as evidenced by tapping and alternating finger-to-thumb touch. Speech is normal. The patient's tone is feminine. Amplitude is soft and normal. Pitch is normal, as is rate. There is no evidence of rapid or pressured speech. Quality reflects good articulation and there is no evidence of difficulty with pronunciation. Patterns are normal and there is no evidence of phonologic or paraphasic errors. Interpersonal skills are well developed, and the patient is compliant and appropriate throughout the examination. Her attitude is cooperative and motivation is good. Sleeping patterns are described to reflect early and middle insomnia. The patient occasionally uses zolpidem to assist with sleep. Appetite is described as variable, but there is no significant change in weight. There is no history of pathognomonic eating problems such as purging or bingeing. Energy is described as poor and fatigued. The patient notes, "I'm restless, and I'm usually very fatigued." ADLs are not affected.

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Emotional Regulation. The patient's emotions are appropriate to thought content. Mood is anxious, and this seems to be situational and associated with school performance. Mood and affect are congruent. She is very pleasant in the examination but occasionally frustrated and worried about her school and health status. There is no evidence of acute stress or past traumatic stress. She is certainly frustrated, but she does not endorse neurovegetative symptoms or diurnal variation. The duration of her situational symptoms has been for the past number of months, suggesting a short-term concern. In the past, she notes she had some situational dysphoria "on and off" since completing high school. In the past, she has used an SSRI (fluoxetine), but this was discontinued after two months as the patient reports it was not fully effective and not particularly necessary. Rather, she coped by additional study, sports and socialization. In this manner, she describes the employment of adaptive behaviors.

Sensorium. A cursory review of cognitive functioning today reflects the patient is fully alert and oriented to person, place, time and purpose. There is no present evidence of history of unusual perceptual distortions. Her immediate recall is only four of five words with one trial. Her visual recall is four of four objects. The patient's delayed verbal recall is four of five words with one additional word recalled with cuing. Delayed visual recall is four of four. Simple attention and concentration are normal by way of digit sequencing and letter identification. She was able to produce six digits forward, and this is adequate. She is able to produce five digits backwards, and this is borderline given her age and educational level. She has minor difficulties with serial 7s and makes errors that she self-corrects. There are no problems with simple reversals. Calculations are above average, and her answers are both quick and accurate. There are no difficulties with long-term recall of overlearned information or personal history. Abstract reasoning is normal by way of verbal proverbs and verbal and visual similarities. Fund of knowledge is above average for both verbally and visually mediated tasks. Comprehension is also intact for both single and multiple tasks. Visual reasoning is normal for cursory tasks associated with problem solving, synthesis and attention to detail. Executive reasoning is intact for critical judgment and general decision making. Insight is good and age appropriate.

Thought Processes. The patient's stream of thought reveals no acute confusion or any significant psychiatric disorganization. There is no evidence of any type of slowing or acceleration of thought flow. She reports no history of suicidal ideation, and there are no risk factors observed. There is no evidence of any type of other-directed harm, unusual ideation, or unusual thought content.

CLINICAL IMPRESSION (ICD-10)

1. By history:
 - a. Attention deficit disorder.
 - b. Learning difficulties/questionable dyslexia.
 - c. Situational distress also affected by both transitional anxiety and depression.
2. Difficulties with mental status, etiology and severity uncertain.
3. Rule out ADD vs. ADHD vs. dyslexia vs. dyscalculia vs. spelling dyspraxia vs. mood disorder vs. anxiety condition/GAD vs. adjustment disorder vs. normal examination.

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SUMMARY AND PLAN

Jessica Ramsay is a 27-year-old right-handed female with some mixed dominance in her third year of medical school who presents for neurocognitive diagnostic study pursuant to a request for accommodations for standardized testing with the USMLE Step 1. The patient's neurological history is noted for two minor and insignificant concussions associated with brief PTA but with no long-term residual consequences. Neuroimaging of the brain has not been medically necessary but was completed as a part of the patient being a test volunteer; findings are reported by the patient to be normal. The patient's general medical history with *possible* implications for cognitive dysfunction is unremarkable. The patient's preexisting psychological history is noted for worry, apprehension and anxiety associated with concern about her educational progress as a third-year medical student. Current medications include Adderall, BuSpar, metoprolol, Xarelto, Ambien, Xanax (p.r.n.), and tramadol.

I will proceed with a standardized and more comprehensive neurocognitive diagnostic study to better clarify the patient's mental status and the severity of symptoms to assist with medical decision making, care coordination, and support accommodations as appropriate. I will schedule the patient for two half sessions depending on her availability and academic demands, and provide the patient with a copy of findings as well as a copy to her primary care provider who is Dr. Jennifer Houtman. I will review findings with the patient.

I spent approximately 120 minutes with the patient today in individual examination, consulting with her mother, providing a detailed neurobehavioral cognitive status examination, and preparing this consultation. I remain available to Dr. Houtman at any time regarding these findings.



Alan G. Lewandowski, PHD, FACPN
Clinical Psychologist
Board Certified Neuropsychologist
Clinical Assistant Professor
Western Michigan University School of Medicine

AGL:tlw



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Neurocognitive exam 2017-

Neuropsychology Associates

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Alan Lewandowski, PHD, FACP
Board Certified in Neuropsychology
Helene Pilnick, PHD
Pediatric Neuropsychology
JoLynn Cole, MA
Psychotherapist

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Clinical Psychology
Fenimore Johnson, PHD
Applied Behavior Analysis

Kevin Kunzer, MD
Psychiatry
Bengalor Ramesh, MD
Psychiatry
Katelyn Briggs, MA
Psychotherapist

NEUROCOGNITIVE EXAMINATION

Name: Jessica Ramsay
DOB: [REDACTED]
Procedure: Neurocognitive Study
Review date: December 7, 2017
Referred by: Self
Performed by: A. Lewandowski, Ph. D., FACP

Reason for Exam Twenty-seven-year-old right-handed female with 19 years education (3 years medical school) presents for comprehensive neurocognitive diagnostic recheck pursuant to attention and learning difficulties with undetermined etiology and uncertain severity. The primary care physician is Dr. Jennifer Houtman. The preexisting neurological history is unremarkable for CNS disease, insult or injury as a child, adolescent or young adult. Neuroimaging has been completed with MRI and findings are reported to be WNL. The general medical history with *possible* implications for cognitive dysfunction is remarkable for anemia and daily migraines. The psychological history is noted for some type of cognitive testing as a 3 or 4-year-old child and more recently, a consultation three years previously with a counselor who supervised the administration of an abbreviated IQ-achievement test (records not available for review). Current medications include Adderall, Ambien, Tramadol, Xanax and Buspar.

Technique Comprehensive neurocognitive examination with HRNB and allied procedures with study date on November 9, 2017. Findings and report are based on test results integrated with additional data including records, behavioral observations of the patient and all other available relevant clinical data. Additional time spent with report analysis, interpretation and integration of test data and results completed on November 16, 2017.

Findings See attached graphs and summary table below for raw data.

Jessica Ramsay
Page 2

Report

Bold indicates low normal/abnormal findings

	Functional Area	Range	Findings	Guideline
Intellectual Functioning	Verbal Comprehension	100 +/- 15	125	Superior
	Perceptual Reasoning	100 +/- 15	131	Very superior
	Working Memory	100 +/- 15	111	High average
	Processing Speed	100 +/- 15	79	Borderline impaired
	General abilities (GAI)	100 +/- 15	132	Very superior
	Cognitive efficiency (CPI)	100 +/- 15	94	Average
	Overall Intellect (FSIQ)	100 +/- 15	117	High average
Academic	Reading	100 +/- 15	114	High average
	Spelling	100 +/- 15	109	Average
	Written arithmetic	100 +/- 15	110	High average
Neuropsychological	Sensory speed: dominant	50T +/- 10	50	Normal
	Sensory speed: non-dominant	50T +/- 10	47	Normal
	Motor speed: dominant	50T +/- 10	50	Normal
	Motor speed: non-dominant	50T +/- 10	48	Normal
	Psychomotor: bilateral abilities	50T +/- 10	47	Normal
	Psychomotor: response speed	50T +/- 10	55	Normal
	Sequencing: simple	50T +/- 10	35	Abnormal
	Sequencing: complex	50T +/- 10	27	Abnormal
	Executive reasoning	50T +/- 10	60	Normal
Attention	Attention: complex (language)	50T +/- 10	60	Normal
	Attention: complex (non-language)	50T +/- 10	35	Abnormal
	Inattentiveness	50T +/- 10	50/46/51/49/52/49	Normal
	Impulsivity	50T +/- 10	49/51/48	Normal
	Sustained difficulties	50T +/- 10	47	Normal
	Vigilance difficulties	50T +/- 10	69	Abnormal (mild)
Memory	Verbal recall: immediate	50T +/- 10	66	Normal
	Verbal recall: short and long delay	50T +/- 10	65/65	Normal
	Visual recall: immediate	50T +/- 10	61	Normal
	Visual recall: short and long delay	50T +/- 10	58/38	Normal/Abnormal

Jessica Ramsay
Page 3

Psychological	Health concerns	50T +/- 10	64	Abnormal: mild
	Anxiety: generalized	50T +/- 10	47	Normal
	Anxiety: focused	50T +/- 10	51	Normal
	Depression	50T +/- 10	67	Abnormal: moderate
	Acute stress	50T +/- 10	41	Normal
	Inefficient thinking	50T +/- 10	73	Abnormal: significant

Summary

1. Abnormal intellectual study
 - a. Intellectual *ability* is in the *Very Superior* range (98th percentile) compared to same-aged peers.
 - b. Intellectual *efficiency* is only *Average* (34th percentile) compared to same-aged peers, hence reflects a statistically significant weakness in the intellectual study.
 - c. The profile suggests equal bilateral aptitude on tasks known to be sensitive to both the left and right cerebral hemispheres.
 - d. The pattern reflects a statistically significant and clinically relevant weakness on measures contributing to cerebral response speed, with subsequent implications for learning new information and responding to assessments under timed conditions.
 - e. The IQ pattern is consistent with the patient's/parent's report of premorbid functioning, suggesting a preexisting developmental delay.
2. Normal achievement study. Reading, spelling and arithmetic are normal to above normal and consistent with past education.
3. Borderline abnormal neurocognitive study.
 - a. Abnormal performance is observed on measures of sequencing/cognitive shifting, sustained complex attention, and quickness of thinking (as noted above) affecting mental flexibility, cognitive efficiency and inattention with subsequent implications for learning new information and responding to assessments under timed conditions.
 - b. Performance is otherwise consistent with or supersedes age-, gender-, and education-weighted norms.

Jessica Ramsay
Page 4

4. Abnormal psychological study
 - a. Elevations are observed on clinical scales associated with ill health and depression.
 - b. Subscale analysis reflects significant focus and worry about personal health, feelings of failure, indecisiveness and difficulties with concentration (cognitive inefficiency), physiological symptoms associated with depression (low energy, sleep/appetite disturbance, and difficulties with concentration, decision-making, memory/learning).
 - c. Emotional difficulties exacerbate the above-noted existing limitations (thought processes), and have subsequent implications for learning new information and responding to assessments under timed conditions.

Clinical Impression

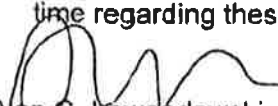
1. By history:
 - a. Attention deficit disorder
 - b. Learning difficulties affecting ability to pass standardized testing
2. By diagnostic testing:
 - a. Attention deficit disorder, hyperactive, moderate (F90.1)
 - b. Learning disability, nonverbal (abnormal scanning and processing speed) (F81.9)

Plan

1. Graphic findings and report to patient.
2. Copy of findings to patient.
3. Continue with specialized cognitive medication (dextroamphetamine) to assist with inattention, if not medically contraindicated. I defer to the patient's primary care provider who is Dr. Houtman for consideration of this recommendation. Alternatively, I can provide psychiatric consultation through my clinic as part of a conjoint psychotherapy-psychiatric treatment for the patient.
4. Continue with medication to address emotional difficulties (zolpidem, alprazolam, and buspirone).
 - a. The present study indicates that the patient's current psychological medication regimen is adequately effective, as elevations on clinical scales of depression are only approximately one and a half standard deviations greater than the average range.
 - b. At present, these medications are provided by Dr. Houtman.
 - c. If needed, I am happy to provide psychiatric assistance through my clinic as part of conjoint psychotherapy-psychiatric medication treatment for the patient.

Jessica Ramsay
Page 5

5. Consider psychotherapy to address mood disturbance and modulate affect.
6. Patient requests accommodations and written responses to a series of guidelines toward test accommodations for the United States Medical Licensing Examination (USMLE), Step 1. Guidelines provided by the patient were reviewed and the following accommodations are recommended:
 - a. Fifty percent additional time to complete the examination or 100 percent additional time (double time) for an exam given over two days to compensate for slowed thought processing
 - b. Two additional breaks during the examination to compensate for difficulties managing mood/stress.
 - c. A separate and/or quiet area to complete the examination to compensate for inattention and distractibility.
7. The patient did not have accommodations for the MCAT and as a result scores reflect her inefficiency and slowed reading.
8. The patient is not at risk for operating a motor vehicle.
9. Consider a memory notebook to assist with organization and improve attention.
10. Recheck in 12 months to assist primary care in monitoring mental status.
11. Consider re-examination in 24 months for comparative analysis to baseline.
12. Discussed issues of safety and surrogate decision making, provided education regarding the diagnosis and management of health behavior changes, and directed to additional resources for support.
13. I remain available to patient regarding assessment and treatment needs.
14. I remain available to Dr. Houtman as the patient's primary care physician at any time regarding these findings.



Alan G. Lewandowski, PHD, FACPN
Clinical Psychologist
Board Certified in Neuropsychology
Clinical Assistant Professor, Western Michigan University
Department of Psychiatry, Western Michigan University School of Medicine
Psychology Department
Department of Counseling Psychology and Counselor Education
College of Health and Human Services (SPADA)
Department of Military Science and Leadership

AGI: la

Neuropsychology Associates

Neuropsychology - Psychiatry - Clinical Psychology
4328 West Michigan, Kalamazoo, Michigan 49006 · 375-2222 · Fax: 375-8292

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Kevin Kunzer, MD
Psychiatry
Bangalore Ramesh, MD
Psychiatry
Katelyn Briggs, MA
Psychotherapist

Addendum

Name: Jessica Ramsay (DOB: [REDACTED])
Date: February 7, 2018

Re: Names of specific measures used in the neuropsychological examination of Jessica Ramsay on December 7, 2017

Weschler Adult Intellectual Scale, 4th edition, Wide Range Achievement Test 4th edition, Sensory Perceptual Examination, Tactile Finger Recognition Test, Finger-tip Number Writing Test, Tactile Form Recognition Test, California Verbal Learning Test, 2nd edition, Rey Osterrieth Complex Figure Test, Tactile Form Recognition Test, Grip Strength Test, Finger Oscillation, Tactual Performance Test, Trail Making Test A, Trail Making Test B, Category Test, Seashore Rhythm Test, Speech Sounds Perception Test, Personality Assessment Inventory, Aphasia Screening Test.

Neuropsychology Associates

Neuropsychology - Psychiatry - Clinical Psychology
4328 West Michigan, Kalamazoo, Michigan 49006 · 375-2222 · Fax: 375-8292

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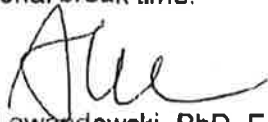
Kevin Kunzer, MD
Psychiatry
Bangalore Ramesh, MD
Psychiatry
Katelyn Briggs, MA
Psychotherapist

May 23, 2018

Jessica Ramsay
6862 Tall Oaks Drive
Kalamazoo, MI 49009

Dear Jessica,

I am responding to your request for further clarification on the neuropsychological examination completed December 7, 2017. Regarding accommodations for the USMLE Step 1, and given your additional description of the requirements of the examination, my recommendations should have read, 100% additional testing time (double time), plus additional break time.



Alan Lewandowski, PhD, FACP
Board Certified Neuropsychologist



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Raw data table 11.9.17 Ne

Neuropsychology Associates

Neuropsychology - Psychiatry - Clinical Psychology
4328 West Michigan, Kalamazoo, Michigan 49006 · 375-2222 · Fax: 375-8292

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Psychiatry
Bangalore Ramesh, MD
Psychiatry
Katelyn Briggs, MA
Psychotherapist

June 20, 2018


Jessica Ramsay
6862 Tall Oaks Drive
Kalamazoo, MI 49009

Re: Additional raw data tables for November 9, 2017 Neuropsychological Examination

Dear Ms. Ramsay:

Attached to this letter is an additional compilation of the findings from your recent neuropsychological assessment formatted as a table. The Raw Data Addendum constitutes a complete picture of the entire data set from your assessment. As such, it is a comprehensive representation of your evaluation that includes tests administered, the normative sample group, mean scores, your Individual (patient) scores, and a guideline to assist with interpretation.

Previously, you were provided with a set of graphs. These graphs that were attached to the initial report were provided to you *only* as a general and cursory guide, to be used during our review in order to assist you in understanding the findings. They were never/are not intended to be a comprehensive representation of all of the measures employed, functional areas assessed, and the general corresponding scores. They were never/are not intended for broader distribution or to be used in your request for accommodations.


Alan G. Lewandowski, Ph. D., FACP
Clinical Psychologist
Board Certified Neuropsychologist

Jessica Ramsay
 Addendum Compiled on June 20, 2018
 Neuropsychological Exam of November 9, 2017
 Page 1

Raw Data Addendum

Tests Administered		Normative Group	Mean Score	Patient Score	Guideline
Wechsler Adult Intellectual Scale, 4 th Edition (Standard Scores)	Similarities	1	10	13	High average
	Vocabulary	1	10	14	Superior
	Information	1	10	16	Very superior
	Comprehension	1	10	15	Superior
	Digit span	1	10	12	High average
	Arithmetic	1	10	12	High average
	Block design	1	10	15	Superior
	Matrix reasoning	1	10	16	Very superior
	Visual puzzles	1	10	15	Superior
	Figure weights	1	10	15	Superior
	Picture completion	1	10	14	Superior
	Symbol search	1	10	7	Low average
	Coding	1	10	5	Borderline impaired
	Cancellation	1	10	9	Average
	Verbal Comprehension Index	1	100	125	Superior
	Perceptual Reasoning Index	1	100	131	Very superior
	Working Memory Index	1	100	111	High average
	Processing Speed Index	1	100	79	Borderline impaired
	General Abilities Index	1	100	132	Very superior
	Cognitive Efficiency Index	1	100	94	Average
	Overall Intellect Index	1	100	117	High average
Wide Range Achievement Test, 4 th Edition (Standard Scores)	Reading	1	100	114	High average
	Spelling	1	100	109	Average
	Written arithmetic	1	100	110	High average
California Verbal Learning Test, 2 nd edition (T-Scores)	Memory: immediate recall	4	50	66	Normal
	Memory: short delay free recall	4	50	65	Normal
	Memory: short delay cued recall	4	50	60	Normal
	Memory: long delay free recall	4	50	65	Normal
	Memory: long delay cued recall	4	50	60	Normal

1. Age-based norms
2. Age and gender based norms
3. Age, gender, and educational level based norms
4. Age and educational level based norms

Jessica Ramsay
 Addendum Compiled on June 20, 2018
 Neuropsychological Exam of November 9, 2017
 Page 2

	Test Administered	Normative Group	Mean Score	Patient Score	Guideline
Halstead-Reitan Neuropsychological Battery (T-Scores)	Tactile form recognition: dominant	3	50	50	Normal
	Tactile form recognition: non-dominant	3	50	47	Normal
	Finger oscillation: dominant	3	50	50	Normal
	Finger oscillation: non-dominant	3	50	48	Normal
	Tactile Performance: dominant	3	50	64	Normal
	Tactile Performance: non-dominant	3	50	50	Normal
	Tactile Performance: bilateral abilities	3	50	47	Normal
	Tactile Performance: response speed	3	50	55	Normal
	Tactile Performance: memory	3	50	54	Normal
	Tactile Performance: localization	3	50	72	Normal
	Trail A: simple sequencing	3	50	35	Abnormal
	Trail B: complex sequencing	3	50	27	Abnormal
	Executive reasoning	3	50	60	Normal
	Seashore rhythm	3	50	35	Abnormal
	Speech sounds perception	3	50	60	Normal
Conners' Continuous Performance Test, 3rd Edition (T-Scores)	Attention: detectability	1	50	50	Normal
	Attention: omissions	1	50	46	Normal
	Attention: commissions	1	50	51	Normal
	Attention: perseverations	1	50	48	Normal
	Attention: hit reaction time	1	50	49	Normal
	Attention: hit reaction time SD	1	50	52	Normal
	Attention: hit reaction variability	1	50	49	Normal
	Attention: hit reaction time block change	1	50	47	Normal
	Attention: hit reaction time ISI change	1	50	69	Abnormal (mild)
Rey-Osterrieth Complex Figure (T-Scores)	Memory: immediate recall	4	50	61	Normal
	Memory: short delay free recall	4	50	58	Normal
	Memory: short delay cued recall	4	50	38	Abnormal

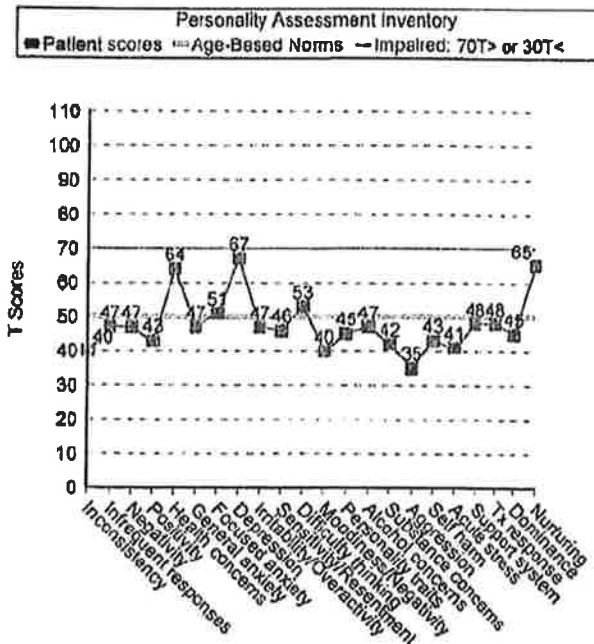
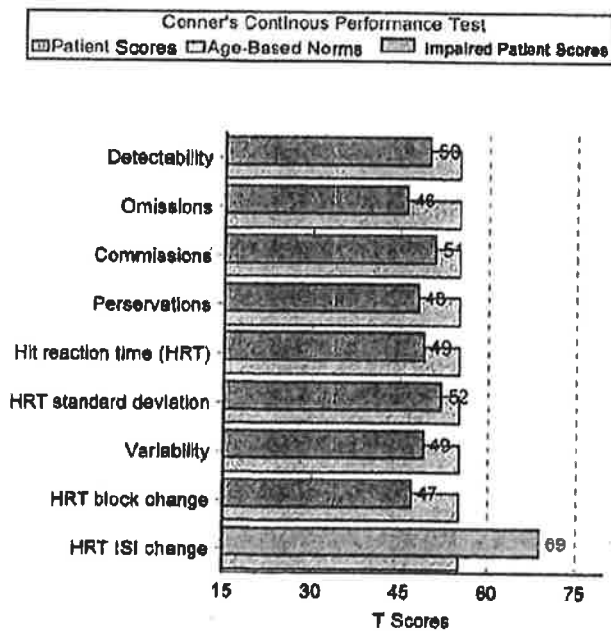
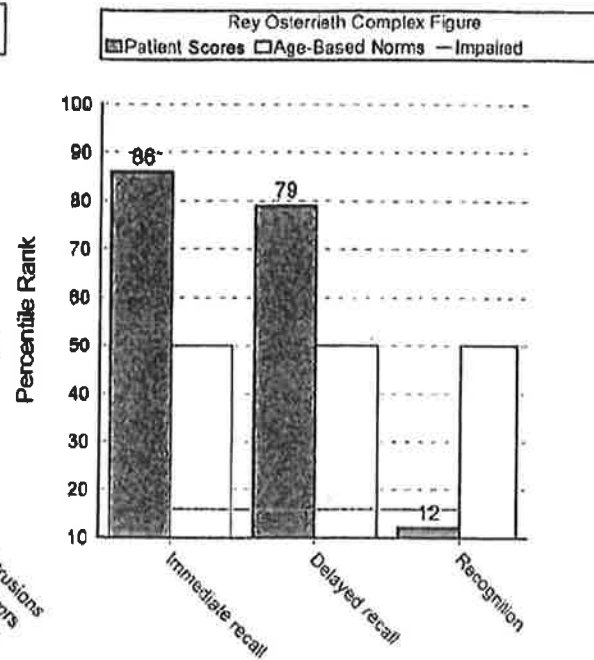
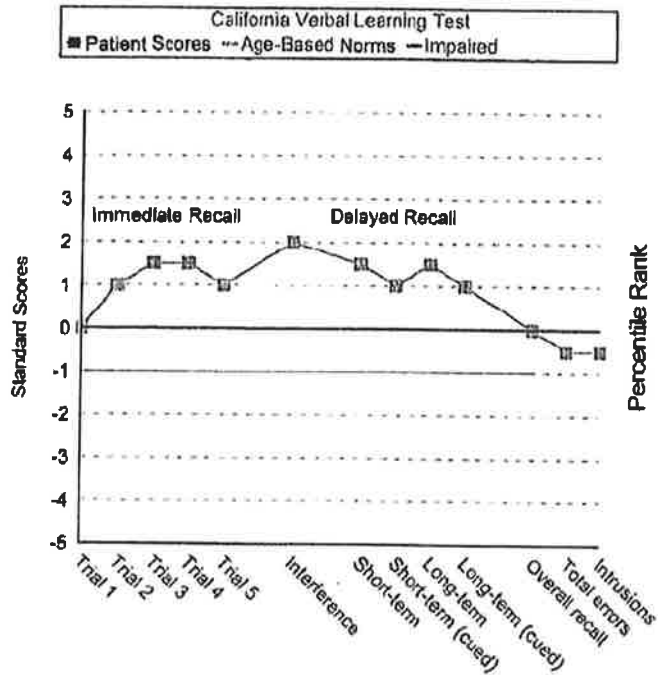
1. Age-based norms
2. Age and gender based norms
3. Age, gender, and educational level based norms
4. Age and educational level based norms

Jessica Ramsay
 Addendum Compiled on June 20, 2018
 Neuropsychological Exam of November 9, 2017
 Page 3

Test Administered		Normative Group	Mean Score	Patient Score	Guideline
Personality Assessment Inventory (T-Scores)	Health concerns	2	50	64	Abnormal
	Anxiety: generalized/focused	2	50	47/51	Normal
	Depression	2	50	67	Abnormal
	Acute stress	2	50	41	Normal
	Cognitive inefficiency	2	50	53	Normal
	Conversion	2	50	51	Normal
	Somatization	2	50	57	Normal
	Obsessive-compulsive	2	50	54	Normal
	Phobias	2	50	54	Normal
	Traumatic stress	2	50	45	Normal
	Depression: cognitive	2	50	67	Abnormal
	Depression: affective	2	50	50	Normal
	Depression: physiological	2	50	74	Abnormal
	Activity level	2	50	51	Normal
	Grandiosity	2	50	49	Normal
	Irritability	2	50	43	Normal
	Hypervigilance	2	50	48	Normal
	Persecution	2	50	48	Normal
	Resentment	2	50	44	Normal
	Psychotic experiences	2	50	36	Normal
	Social detachment	2	50	46	Normal
	Thinking disorder/difficulty	2	50	73	Abnormal
	Affective instability	2	50	39	Normal
	Identity problems	2	50	44	Normal
	Negative relationships	2	50	40	Normal
	Self-harm	2	50	45	Normal
	Antisocial behaviors	2	50	43	Normal
	Egocentricity	2	50	42	Normal
	Stimulus-seeking	2	50	53	Normal
	Aggressive attitude	2	50	34	Normal
	Aggression: verbal and physical	2	50	37/42	Normal

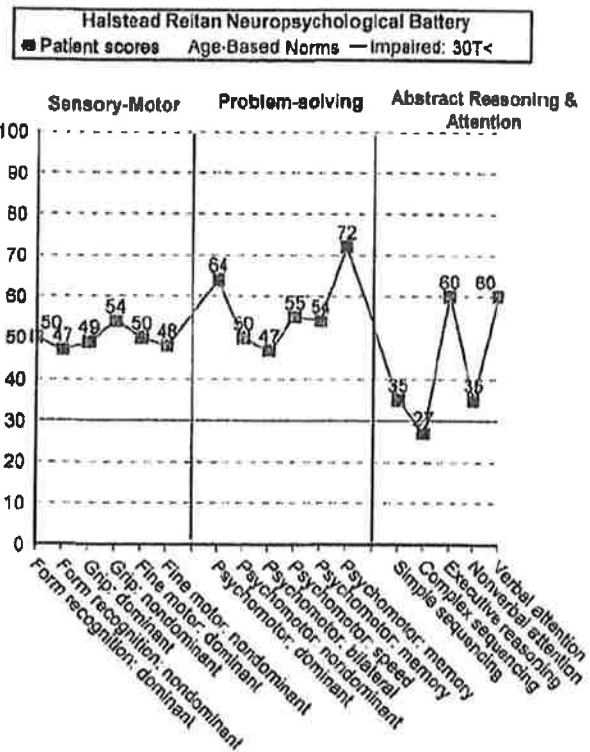
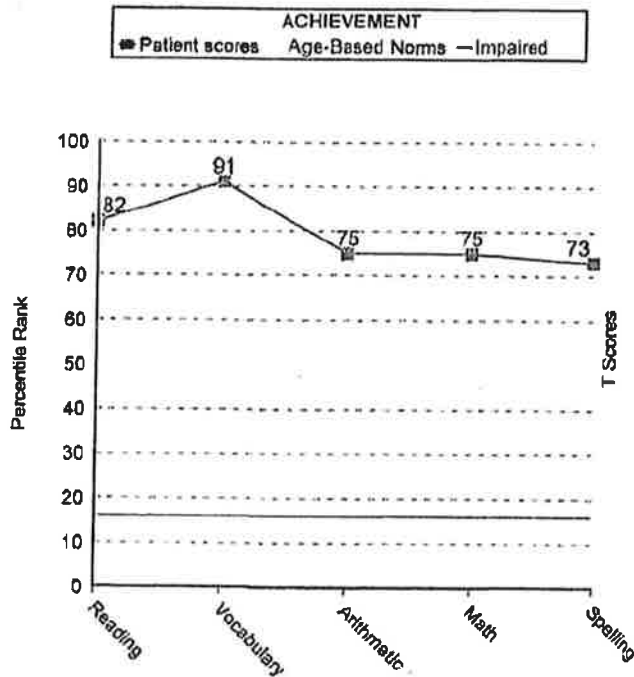
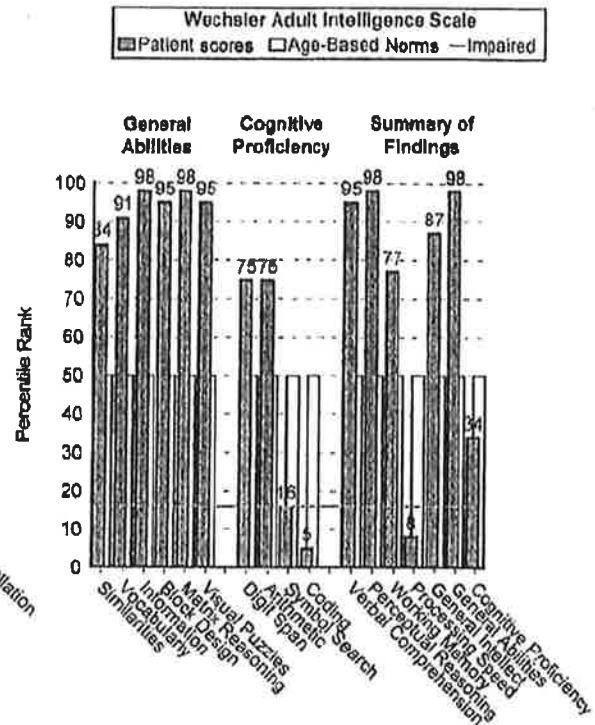
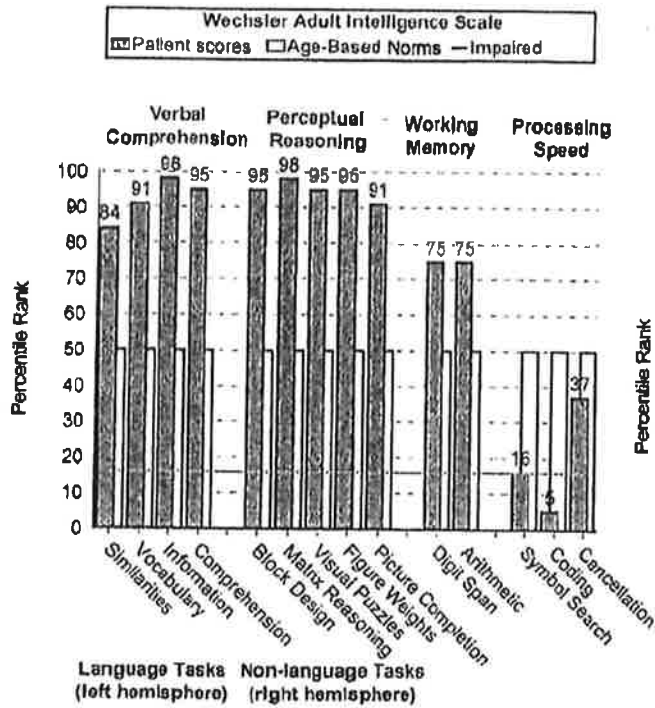
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Neuropsychological Examination: Jessica Ramsay (2017)



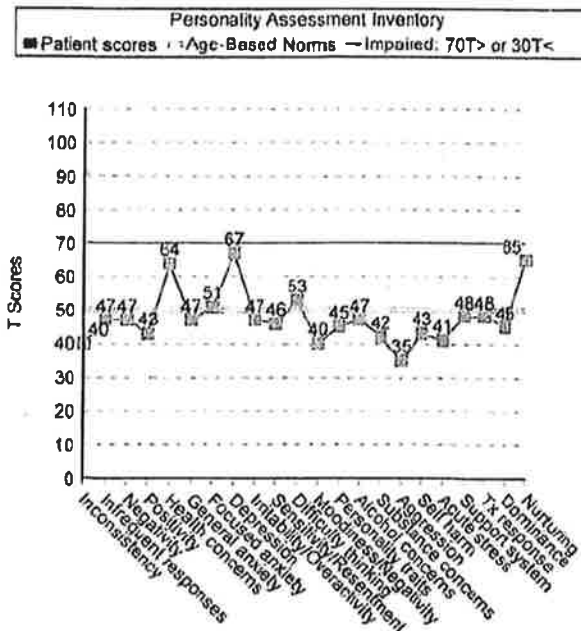
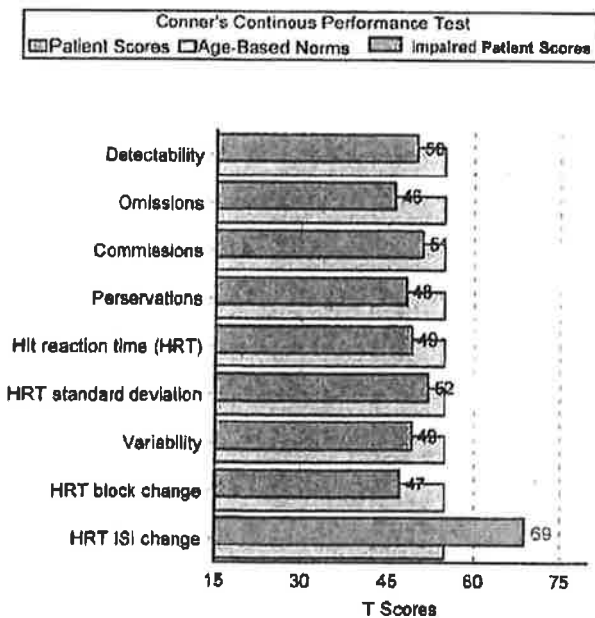
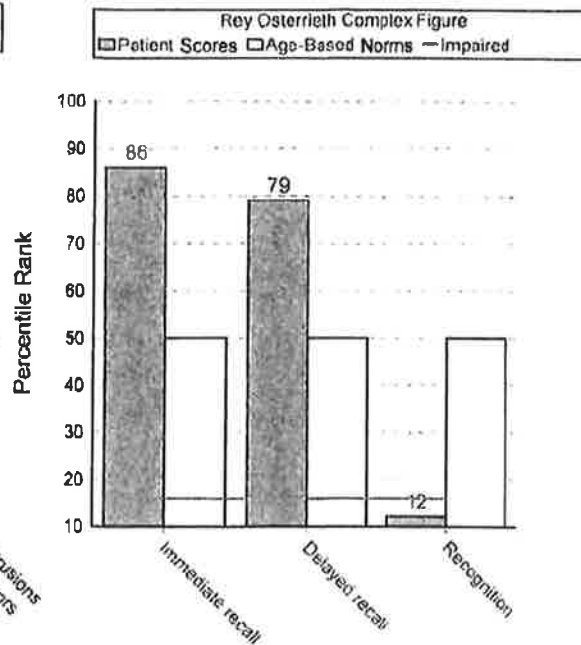
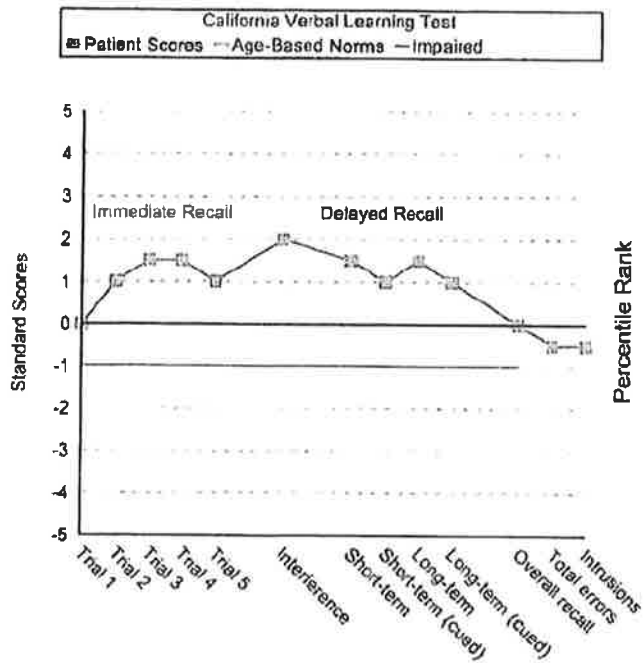
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Dr. Lewandowski

Neuropsychological Examination: Jessica Ramsay (2017)



Dr. Lewandowski

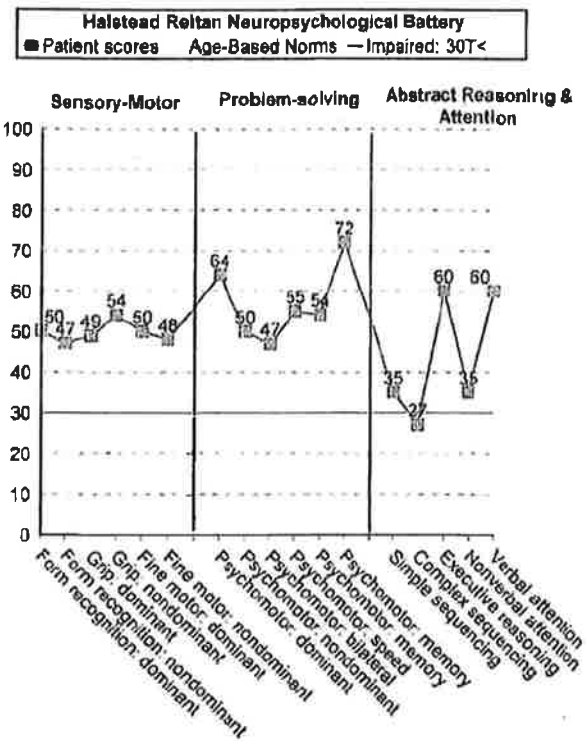
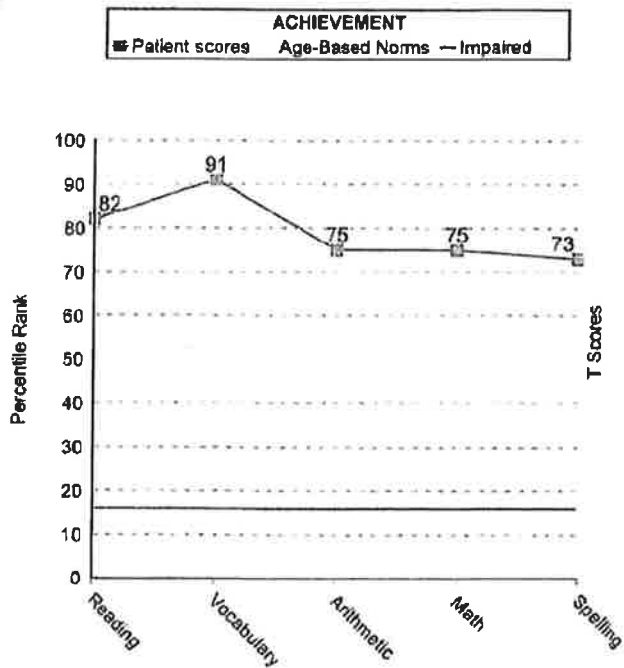
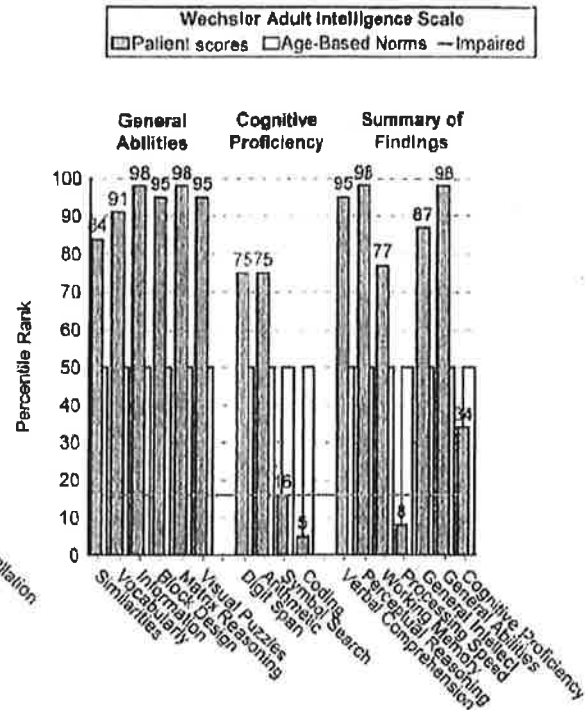
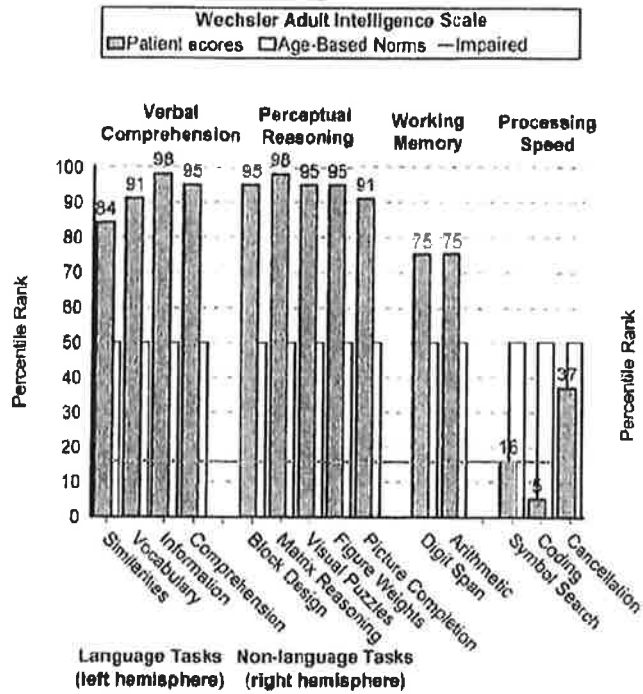
Neuropsychological Examination: Jessica Ramsay (2017)



Dr. Lewandowski

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Neuropsychological Examination: Jessica Ramsay (2017)



Dr. Lewandowski

EXHIBIT M



National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102

215-590-9500 phone
www.nbme.org

Confidential

Confirmation of Test Accommodations

September 11, 2018

Via E-mail to jessica.ramsay@med.wmich.edu

Jessica E. Ramsay
6862 Tall Oaks Dr
Apt 3B
Kalamazoo, MI 49009

RE: USMLE Step 1

USMLE ID#: 5-366-431-4

Dear Ms. Ramsay:

We have thoroughly reviewed the documentation provided in support of your request for test accommodations for the United States Medical Licensing Examination (USMLE) Step 1. We conducted an individualized review of your request in accordance with the guidelines set forth in the amended Americans with Disabilities Act (ADA).

You report the basis of your request for double testing time, additional break time, and a private testing room to be Learning Disabilities in Reading and Writing (with abnormal Scanning and Processing Speed) diagnosed in 2017, Attention-Deficit/Hyperactivity Disorder (ADHD) diagnosed in 2009, Migraines with aura, without status migrainosus diagnosed in 1997, and Clotting disorder with recent deep vein thrombosis and Post-thrombotic syndrome diagnosed in 2016. In your personal statement you write, *"During my undergraduate studies at Ohio State University, the demands of school, work and life finally began outweighing my ability to self-accommodate, requiring more time and energy than I had... In 2009, at the suggestion of a professor, I sought help from my primary care physician, Dr. Allen Smiy, who diagnosed me with ADD, inattentive type, for which he began medical management... Once I started receiving accommodations, I was able to perform better on my exams because I had more time to read, write, and work through questions... In medical school, I received more accommodations to meet the increased curricular demands. Most notably, I was granted 100% additional testing time, unlimited free printing, and Kurzweil 3000 text-to-speech software... In the context of the USMLE Step exams, without appropriate accommodations, I will not have the opportunity to get through as many questions or as much content as everyone else taking the tests, and I will not be able to accurately demonstrate all that I have learned thus far."*

In a June 4, 2018 letter addressed To Whom It May Concern, Bruce Ruekberg, M.D. writes to support your request for accommodations for Step 1. Dr. Ruekbert writes, *"After conferring with Jessica and reviewing her clinical history, collateral information, and neuropsychology testing, I recommend the following accommodations to address her needs for USMLE Step 1 exam: 100% additional testing time... Additional break time... A private, quiet room... In my professional opinion, due to her functional limitations due to Attention Deficit and Hyperactivity Disorder, Combined Type (DSM-5 314.01; ICD-10 F90.2) and specific learning disorder of 'abnormal scanning and processing speed' (ICD-10 F81.9)*

with impairments in reading (DSM-5 315.00; ICD-10 F81.0) and written expression (DSM-5 315.2; ICD-10 F81.81), Jessica, without question, is a qualified person with disabilities under the ADA..."

In an October 2017 report of Neurocognitive Consultation and December 2017 report Neurocognitive Examination conducted when you were a 27-year-old medical student, Alan Lewandowski, Ph.D. writes, *"The patient describes a chronic academic disability without progressive pattern for a number of years that has compromised her ability for educational success. She describes a history of ADD for which she was able to self-accommodate for many years, and reports being evaluated for ADD and dyslexia in 2014 by a therapist (credentials unknown)...As a result, she reports she was provided accommodations throughout medical school but was denied accommodations for the United States' Medical License Examination (USMLE) Step 1. The patient presents today requesting a more comprehensive assessment in order to obtain accommodations similar to that which she was allowed throughout medical school... The patient describes herself as having a 'unique learning style.'"* Dr. Lewandowski provides his clinical impression of Attention deficit disorder and learning difficulties affecting ability to pass standardized testing by history and Attention deficit disorder, hyperactive, moderate (F90.1) and Learning disability, nonverbal (abnormal scanning and processing speed) (F81.9) by diagnostic testing. Your evaluator's conclusions notwithstanding, he reports that your performances on a computerized measure of attention-related problems, the *Conners Continuous Performance Test, Third Edition (CPT-3)*, are normal. He does not describe how you meet diagnostic criteria for any *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* disorder.

The ICD-10 code F81.9 that Dr. Lewandowski assigned as a result of his 2017 evaluation is described by the publisher as Developmental disorder of scholastic skills, unspecified. However, your evaluator notes that your reading, spelling and arithmetic are normal to above normal and consistent with past education. Furthermore, your documentation does not demonstrate a developmental history of impaired scholastic skills. Dr. Lewandowski writes that you reported earning a high school GPA of 3.8 and an ACT Score between 27 and 30. The records provided show that you earned an MCAT score of 30M under standard conditions in 2011, better than 79% of a highly select group of medical school applicants. These data do not demonstrate a developmental history of impaired cognitive or academic functioning or that standard testing time is a barrier to your access to the USMLE.

You write, *"Because of my clotting disorder and DVT, I must take frequent breaks throughout the day, and briefly during the exam blocks, to move and walk around in order to maintain adequate circulation in my legs, reduce swelling and pain, and decrease the risk of forming another DVT as a result of my clotting disorder... Because my migraines are triggered by excessive fatigue from trying to focus, read, and process the questions, having frequent breaks with adequate time to recuperate between blocks reduces the likelihood that I will get a migraine during the exam."*

In a May 29, 2018 letter addressed To Who It May Concern, Jennifer N. Houtman, M.D. reports that additional break time will allow you to relax and refocus between sections, avoid a migraine headache from prolonged focus, and prevent lower extremity pain, swelling, and development of another blood clot.

Accommodations are intended to provide access to the USMLE testing program for individuals with a documented disability as defined by the ADA. A diagnostic label, in and of itself, does not establish coverage under the ADA, nor does prior receipt of accommodations for a particular activity guarantee that identical accommodations are indicated or will be available in all future settings and circumstances. The ADA defines disability as a physical or mental impairment that substantially limits one or more major life activities compared to most people in the general population.

Jessica E. Ramsay
USMLE ID#: 5-366-431-4

September 11, 2018
Page 3 of 3

Accommodations are provided when there is clear documentation of functional impairment and a rationale to demonstrate that the requested accommodation is appropriate to the setting and circumstance. Your documentation does not demonstrate that 100% additional testing time is an appropriate modification of your USMLE Step 1 administration.

Based on a thorough review of all of your documentation, including documentation of a history of DVT and migraines, we will provide the following accommodation(s) for the USMLE Step 1 for which you are currently registered:

- **Additional break time - testing over two days:** The exam will be administered over two days. Day one will be 5 hours in length and will include a 15 minute tutorial and 7 blocks with approximately 20 questions per block. Day two will be 4 hours 45 minutes in length and will include 7 blocks with approximately 20 questions per block. You will have up to 30 minutes to complete each block. You will receive 75 minutes of break time each day, including lunch. You may use break time as needed between blocks. If you complete the tutorial or an examination block in less time than allotted, the unused time will be added to your available break time.
- **Separate testing room in which you may stand, walk or stretch during exam**
- **Permission to read aloud**

You will receive an electronic permit containing the information needed to schedule your exam appointment. Please call Prometric at the number listed on your scheduling permit as soon as you receive it to schedule your appointment.

These accommodations may not be changed at the test center on your scheduled exam day. If you choose not to use these accommodations, please notify Disability Services immediately at disabilityservices@nbme.org or by calling 215-590-9700 for instructions.

Information About Requesting Test Accommodations For Subsequent Step Examinations

You must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Information and forms to request test accommodations on subsequent USMLE administrations are available at www.usmle.org/test-accommodations/forms.html. Follow the instructions on the request form to submit your request for test accommodations at the same time you submit your Step exam application to your registration agency.

Sincerely,



Catherine Farmer, Psy.D.
Director, Disability Services
ADA Compliance Officer, Testing Programs

C: Lawrence D. Berger, Esquire to larry@reglawoffices.com

EXHIBIT N



National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102

215-590-9500 phone
www.nbme.org

Confidential

February 14, 2019

Via E-mail to jessica.ramsay@med.wmich.edu

Jessica E. Ramsay
6862 Tall Oaks Dr
Apt 3B
Kalamazoo, MI 49009

RE: USMLE Step 1

USMLE ID#: 5-366-431-4

Dear Ms. Ramsay:

We have thoroughly reviewed your request for reconsideration of our decision regarding test accommodations for the United States Medical Licensing Examination (USMLE) Step 1. We conducted an individualized review of your request and supporting documentation in accordance with the guidelines set forth in the Americans with Disabilities Act (ADA).

The NBME carefully considers all evidence in determining whether an individual is substantially limited within the meaning of the ADA and what, if any, accommodations are appropriate to the particular Step exam context. Submitted documentation including the individual's personal statements; letters from providers and advocates; and objective information such as school records and scores obtained on high stakes tests taken with and without accommodations are thoroughly reviewed.

Supporting documentation submitted from qualified professionals is a necessary part of any request for accommodations and is carefully reviewed by the NBME. Though not required to defer to the conclusions or recommendations of an applicant's supporting professional, we carefully consider the recommendation of qualified professionals made in accordance with generally accepted diagnostic criteria and supported by reasonable documentation.

In a November 6, 2018 report of Neuropsychological Evaluation for Learning Problems, Robert D. Smith, Ph.D. writes that you sought evaluation as part of your appeal for testing accommodations for the USMLE. Dr. Smith writes, "*Jessica's basic reading skills are within the average range when not limited by time restriction as measured by the WIAT-III Basic Reading Composite score of 96, which is higher than 39% of other adults her age...The WJ-4 [sic] Reading Rate Cluster and the Nelson-Denny Reading Test are measures of silent reading fluency that rely on the number of correct responses to reading comprehension items completed within a time limit...Jessica was only able to read three of the seven NDRT passages and attempted only 47% of the 38 Comprehension items on the standard-time Comprehension administration. She correctly answered 94% of the Comprehension items she attempted...In addition, Jessica's Nelson-Denny Rate score was lower than 99% of high school seniors...Jessica's pattern of reading scores is consistent with the pattern typically exhibited by dyslexic readers who have developed strategies to compensate for their reading impairment...She has been able to acquire an average level of reading comprehension skills when allowed sufficient time to employ compensatory strategies, but exhibits persistently impaired reading rate and reading fluency compared to other adults her age, as reflected on WJ-4 [sic] Reading Rate Cluster, the GORT-5 Fluency and the Nelson-Denny Rate and Comprehension...Jessica has been able to perform well academically, but has had to rely on extraordinary compensatory strategies in order to do so.*"

Although your evaluator appears to accept your exceptionally low scores on timed reading tests administered for the purpose of requesting test accommodations as valid and credible, your average and above average range performances on timed standardized tests taken for the purpose of gaining admission to college and medical school demonstrate that your skills are better than most people in the general population. Regarding your performance on the MCAT taken under standard time conditions, Dr. Smith reports that you relied on strategies such as answering questions before reading the passages, a common strategy recommended by prep courses and utilized by savvy students. He writes, "...Jessica was able to obtain a good score in the 79th percentile (30M) of students who take the exam. This, however, was not the exceptional MCAT scores that would have been expected with her intelligence and understanding of the material. Jessica's performance on the MCAT component sections reflected her relative weakness specific to reading tasks with a Verbal Reasoning score at the 67th percentile, a Physical Sciences score at the 79th percentile and a Biological Sciences score at the 88th percentile...While her scores on the ACT and the MCAT were good, she may have scored significantly higher if she had taken these tests with accommodations of a separate room and extended time."

It's not uncommon for students to feel disappointed when they do not achieve the score they expected and believe that they could or would have obtained an exceptional score with additional testing time. Benefiting from additional time is not evidence of need for accommodations or evidence of a disability. Research shows that extended time accommodations benefit students without¹ disabilities, and are viewed as beneficial by most nondisabled postsecondary students² contemplating taking high-stakes standardized tests.

Accommodations are provided when there is clear and credible documentation of functional impairment and a rationale to demonstrate that the requested accommodation is appropriate to the setting and circumstance. Your documentation with regard to learning disabilities and ADHD offers no objective evidence of impaired reading or pervasive ADHD symptoms that limited any major life activity compared to most people in the general population. Your request for reconsideration provided no new substantive information or evidence that alters our decision communicated in my September 11, 2018 letter notifying you that you that we will provide the following accommodation(s) for the USMLE Step 1 for which you are currently registered:

- **Additional break time - testing over two days:** The exam will be administered over two days. Day one will be 5 hours in length and will include a 15 minute tutorial and 7 blocks with approximately 20 questions per block. Day two will be 4 hours 45 minutes in length and will include 7 blocks with approximately 20 questions per block. You will have up to 30 minutes to complete each block. You will receive 75 minutes of break time each day, including lunch. You may use break time as needed between blocks. If you complete the tutorial or an examination block in less time than allotted, the unused time will be added to your available break time.
- **Separate testing room in which you may stand, walk or stretch during exam**
- **Permission to read aloud**

Sincerely,



Catherine Farmer, Psy.D.
Director, Disability Services
ADA Compliance Officer, Testing Programs

C: Lawrence D. Berger, Esq. via e-mail to larry@rcglawoffices.com

¹ See, for instance, Cahan, S., Nirel, R., & Alkoby, M. (2016). The Extra-Examination Time Granting Policy: A Reconceptualization. *Journal of Psychoeducational Assessment*, 34(5), 461-472.

² See Lewandowski, L., Lambert, T. L., Lovett, B. J., Parahon, C. J., & Sytsma, M. R. (2014). College students' preferences for test accommodations. *Canadian Journal of School Psychology*, 29(2), 116-126.

EXHIBIT O

Ack Email - Reconsideration

From: disabilityservices@nbme.org **Sent:** 03/27/2019 01:32:17 PM
To: jessica.ramsay@med.wmich.edu **Created:** 03/27/2019 12:46:07 PM
Cc: larry@rcglawoffices.com **Employee:** Catherine Farmer
Subject: RE: USMLE Step 1 USMLE ID#: 5-366-431-4

ref:_00D46pfBg_5004A1awCpn:ref

RE: Step 1

USMLE ID#: 5-366-431-4

Dear Ms. Ramsay:

We are in receipt of a letter dated March 19, 2019 from your attorney, Mr. Lawrence D. Berger, requesting further reconsideration of our decision regarding test accommodations for the USMLE Step 1 communicated in our letters of September 11, 2018 and February 14, 2019. Although my February 14, 2019 letter is clear with regard to the utility of the exceptionally low scores obtained by Dr. Smith in 2018, it bears repeating. Although your evaluator appears to accept your exceptionally low scores on timed reading tests administered for the purpose of requesting test accommodations as valid and credible, your average and above average range performances on timed standardized tests taken for the purpose of gaining admission to college and medical school demonstrate that your skills are better than most people in the general population.

No new information or supporting documentation was provided for our review or reconsideration. Nevertheless, as requested, Mr. Berger's March 19, 2019 letter has been forwarded to counsel.

All of your submitted documentation, including Dr. Smith's 2018 report of evaluation, was thoroughly reviewed and carefully considered. Our reviews resulted in approval of additional break time over two days and a separate testing room in which you may stand, walk, or stretch during the exam, as well as permission to read aloud. Our records show that you are currently registered for Step 1 with an eligibility period of April 1 through June 30, 2019 and that your scheduling permit was issued to you on or about February 22, 2019.

Sincerely,
Catherine Farmer, Psy.D.
Director Disability Services
ADA Compliance Officer, Testing Programs
NBME

This email message and any attachments may contain privileged and/or confidential business information and are for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please notify the sender immediately by reply email and destroy all copies of the original message and any attachments.

----- Original Message -----

From: Lawrence D. Berger [larry@rcglawoffices.com]
Sent: 3/19/2019 10:02 AM
To: disabilityservices@nbme.org
Cc: jessica.ramsay@med.wmich.edu
Subject: Appeal of Jessica Ramsay, USMLE Step 1, USMLE ID# 5-366-431-4

<<...>>

Attention: Dr. Farmer

Dear Dr. Farmer:

I am attaching to this e-mail my letter requesting further reconsideration of Ms. Ramsay's request for extended testing time. A hard copy is also being sent to you by Priority Mail.

For the reasons stated in the letter, I am requesting that NBME give prompt and meaningful consideration to the information in Dr. Smith's report that has not been addressed, and also refer this matter to NBME's trial attorney to avoid further delay.

Respectfully,

Lawrence D. Berger

Of Counsel

Reisman Carolla Gran & Zuba LLP

Email: Larry@rcglawoffices.com

Phone: 856-354-0021